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ABSTRACT

The main task of rehabilitation in Poland is the maximum integration of the disabled into ordinary life. Developmental trends in recent years have focused on rehabilitation services for the chronically ill. The document provides information on the organization of rehabilitation services in Poland and discusses specific problems of rehabilitation activities dealing with the locomotor system, circulatory system, mental diseases, and pulmonary diseases. An assessment of the economic aspects of rehabilitation as they relate to work is presented with supporting data. The counseling, training, and employment processes for medical and vocational rehabilitation are discussed in relation to existing forms and procedures. Nine major legislative regulations concerning the rehabilitation services are reproduced. These deal with the planned employment of the disabled, the development of Invalids' Cooperatives, principles and procedure in planning for the employment of the disabled, the supervision of working conditions and correctness of the employment of the disabled, the cooperation of health and social welfare departments, employement of and social welfare for the disabled in light industry enterprise, the exemplary statute of a voivodship outpatient department for rehabilitation, and rehabilitation and employment of the disabled within the organizational framework of invalids' cooperatives. (EC)

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MINISTRY OF HEALTH AND SOCIAL WELFARE
DEPARTMENT OF REHABILITATION

ED115749

LEGISLATIVE ASPECTS OF REHABILITATION SERVICES FOR THE DISABLED IN POLAND

U.S. DEPARTMENT OF HEALTH,
EDUCATION & WELFARE
NATIONAL INSTITUTE OF
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Edited by A. Hulek, M. A. Phd. habil

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PREFACE

The publication "Legislative aspects of rehabilitation services for the disabled in Poland" is destined for our visitors who wish to get acquainted with the programme of rehabilitation in this country.

The publication includes brief pieces of information on the organization of rehabilitation in Poland, more detailed information on medical and vocational rehabilitation (counselling, training and employment) and the most important regulations concering the development of these services.

The material included in this collection also informs the reader about the main tasks of rehabilitation in Poland (the maximum integration of the disabled in ordinary life), its developmental trends in recent years (rehabilitation services for the chronically ill) and the centres available in the development of rehabilitation practice.

Rehabilitation in Poland is an integral part of the social and economic policy of the State and is a component of annual and five-year plans of Poland's development.

The achievements of rehabilitation in Poland in the 25 years of its development were surveyed at the 1st National Conference on Rehabilitation held from May 10—12, 1971, with the participation of about 1000 most prominent scientists-physicians, psychologists, social workers, teachers, physiotherapeutists, occupational-therapeutists, administrators and others. The Proceedings of the Conference including conclusions will be published in 1973.

The idea of issuing "Legislative aspects of rehabilitation services for the disabled in Poland" originated as a result of the Conference on Legislation in Rehabilitation organized by the International Society for Rehabilitation of the Disabled in Rome in October 1971 in which Poland took an active part.

We hope that this publication will promote closer cooperation between the Polish welfare institutions and organizations dealing with rehabilitation and the relevant centres abroad. The point is to speed up the development of rehabilitation services both in Poland and other countries, and this can be achieved, among other things, by means of exchange of experience.

We hope that this publication will contribute to the achievement of this goal.

MINISTRY OF HEALTH AND SOCIAL WELFARE
Department of Rehabilitation of the Disabled

CONCEPT OF THE DEVELOPMENT OF MEDICAL REHABILITATION

The continuously growing number of patients in need of medical rehabilitation — that is considered an integral part of medical treatment — and the resultant inability to meet the demands in this field have made it imperative to take steps aimed at ameliorating the present state of affairs.

The principal condition ensuring further progress in medical rehabilitation is a uniform concept of its development in the basic branches of medicine, i. e. in the treatment of:

— the locomotor system diseases,
— the circulatory system diseases,
— mental diseases, and
— pulmonary diseases and tuberculosis of the lungs.

The programme involved should be put into effect by the following organizational cells:

Hospital rehabilitation wards the task of which should be early medical rehabilitation carried on parallel with basic treatment.

Rehabilitation counselling provided by rehabilitation centres at out-patient clinics:

a) voivodship rehabilitation out-patient centres also meeting the needs for vocational and social rehabilitation. The said centres shall as well play the part of co-ordinator of the whole of rehabilitation activity in the voivodhip area and supervise the operation of local centres for rehabilitation;

b) medical rehabilitation guidance clinics at district out-patient medical service centres;

c) physical therapy departments at regional out-patient medica service centres.

The voivodship or inter-voivodship rehabilitation centres for patients in need of overall rehabilitation, conducted under the conditions of a residential institution.

In this organizational scheme, a uniting link shall be the health resorts medical service. The latter has at its disposal a definite number of places in health resorts sanatoria for rehabilitation, and also places for post-hospital rehabilitation in the respective lines of medical treatment.

When implementing their tasks in medical rehabilitation, the respective organizational bodies shall establish co-operation with the agencies of physical medicine in order to ensure physical therapy services to patients in need of rehabilitation.

National specjalists in rehabilitation, balneology and physical therapy shall co-ordinate the activities involved.

General programme of activity

The creation of the favourable conditions of a harmonious development of medical rehabilitation calls for the solving of the problems concerning:

1) organization;
2) training of special personnel;
3) providing the centres concerned with rehabilitation equipment;
4) research.

1. Organizational problems

In order to set up an organizational framework providing for the proper development of medical rehabilitation it is necessary to take the following steps:

1. As regards-in patient medical service:

a) To introduce wards of medical rehabilitation into the organizational scheme of hospitals of all ranks. Depending on the premises and personnel available to the hospital concerned, the medical rehabilitation ward may be organized as:

— a separate unit with a certain number of beds for patients in need of rehabilitation, and adequate treatment facilities; or

— a division — being no separate unit — but conducting it activities within the respective wards of the hospital by means os the rehabilitation team and treatment department.

The hospital wards and divisions of medical rehabilitation closely co-operate with hospital physical therapy wards and their patients benefit from the services rendered by the latter in the field of physical medicine.

b) In order to provide for overall rehabilitation of patients, high-specialized voivodship or inter-voivoship rehabilitation centres should be organized depending on the degree of industrialization and opulation density in the area concerned.

2. As regards out-patient medical service:

a) To set up voivodship out-patient rehabilitation centres to take care mainly of both children and adults suffering from the diseases of locomotor system.

These centres would be composed of the following organizational unites:

- methodological and organizational division;
- division for therapy and counselling;
- counselling division for orthopaedic appliances;
- division for rehabilitation vocational guidance;
- division for social problems.

In view of its specific character, the medical rehabilitation of patients with disorders in the circulatory system shall be conducted by out-patient medical service centres for those diseases, that of mental cases by mental health counselling centres and of the TB ones — by anti-tuberculosis out-patient clinics. The said out-patient centres co-operate with the voivodship rehabilitation centre, their patients benefiting, if necessary, from the services rendered by its respective divisions, especially as regards vocational rehabilitation and supplies of orthopaedic appliances.

b) To set up, within the district out-patient medical service centres, the guidance clinics for medical rehabilitation.

c) To expand the scope of activities conducted by the existing physical therapy departments at the regional out-patient medical service centres so as to make them include services in the field of kinesitherapy.

d) To set up centres for industrial rehabilitation at bigger industrial plants. The tasks involved should be implemented with the assistance of the medical treatment and prevention dispensaries of the industrial health service.

3. As regards health resorts medical service

In health resorts one should increase the number of beds for post-hospital rehabilitation of patients suffering from locomotor and circulatory system diseases through:

- an increase in the number of centres for post-hospital rehabilitation of patients with cardiovascular and locomotor system diseases;
- the creation of the conditions favouring more dynamic

development of rehabilitation in health resorts on the basis of the improvement of both personnel and equipment;

— the transformation of the existing sanatoria for heart diseases into the centres for post-hospital cardiological rehabilitation;

— the classification of all the sanatoria for post-hospital rehabilitation among those of "D" group as the other rehabilitation institutions, which would provide for their better staffing with trained personnel and, thus, for improvement of the standard of the services rendered.

4. As regards personnel

a) To safeguard, in the development plans, posts for the indispensable staff, especially as regards the paramedical personnel (physical therapy and occupational technicians),

b) To supplement the curriculum of the two-year schools for physical therapists so as to make it suitable for the training of an all-purpose rehabilitation worker with socendary education who would be throughly acquainted with the methods employed in medical rehabilitation.

c) To make the terminology of health service professions include all the workers compriesed by a rehabilitation team.

5. As regards investments:

a) To prepare a programme for activity, standard guiding principles for and outline of a voivodship centre for complex rehabilitation and a voivodship rehabilitation out-patient medical service centre;

b) to include of medical rehabilitation wards in the newly designed hospitals;

c) to take into consideration the needs of the out-patient rehabilitation service at this level in the new designs of district out-patient medical service centres.

6. As regards co-ordination and management

The supervision of the implementation of the tasks involved in the development of medical rehabilitation should be entrusted to Medical Rehabilitation Division at the Department of Rehabilitation closely co-operating with the National Specialists in Rehabilitation, Balneology, Bioclimatology, Physical Medicine, with the Chairs of Rehabilitation, and also with Balneo-Climatic Institute.

2. Training of Special Personnel

In order to make up for the shortage of personnel at rehabilitation institutions of both in- and outpatient type, and to ensure the sufficient number of trained rehabilitation personnel for the newly set-up centres, the following steps should be made:

1. As regards medical staff:

a) to train and improve physicians in medical rehabilitation at the Training Centres in Poznań, Konstancin and at the courses run by the Post-Graduate Medical Training Department;

b) to increase the number of scholarships for persons undrgoing special training in the rehabilitation of patients suffering from cardiac and locomotor system diseases;

c) to provide for the permanent employment of persons in charge of rehabilitation training at the said Centres in Poznań and Konstancin;

d) to make the necessary changes in the existing programme of special training in rehabilitation. Attention should be paid to the problem of relevant training of the physicians who have already acquired the first degree of specialization in another branch of medicine, e. g. psychiatry, neurology, cardiology, physical therapy, etc.

e) to make more room for rehabilitation problems within the programmes of the courses dealing with the branches of medicine interested in rehabilitation and organized for their representatives by Post-Graduate Medical Training Departments.

2. As regards para-medical rehabilitation personnel

a) to set up two-year schools admitting secondary school leavers and training all-purpose rehabilitation workers specialized in the following three fields:
— kinesitherapy;
— physical therapy;
— occupational therapy

b) to train social workers by means of:
— two-year schools for social workers; and
— the extramural training of such workers;

c) to set up a school for orthopaedic technicians.

3. As regards other personnel

a) to organize the training of clinical psychologists at university Chairs of Psychology;

b) to organize the training of speech therapists.

3. Supplies of Rehabilitation Equipment

In order to ensure as regular supplies of rehabilitation equipment as possible it is necessary to:

1) make the Department of Technology and Supplies and the Medical Equipment Trade Enterprise find the producers of rehabilitation equipment in the state, co-operative or private industry sectors;

2) make the said Department accept the prepared set of rehabilitation equipment with consideration to the models already approved by the Commission for Assessment of Standards and Prototypes;

3) in order to diminish the commercial risk of the Medical Equipment Trade Enterprise it is necessary that the expenses involved in the manufacture of the first sets of rehabilitation equipment be covered by the health improvement fund. Hence the necessity that the Minister of Health calls on the Chairman of the Central Council of the Trade Unions for the allotment of credits for supplies of rehabilitation equipment within the framework of the said fund.

4. Research

Research in rehabilitation should be concentrated on the following most important problems:

1. Medical rehabilitation and its introduction into the early treatment of basic diseases.

2. New orthopaedic techniques first of all in the use of plastics in the production of orthopaedic appliances, [illegible] concept of the latter's dynamic fitting, alterations in their co[illegible] etc.

3. Psychological problems involved in rehabil[illegible]
4. Economic problems in rehabilitation.
5. The problems of vocational rehabilitation.
6. Social problems.

PART TWO

SPECIFIC PROBLEMS

Part Two deals with the programme for the activities aimed at the expansion of medical rehabilitation in the respective branches of medicine, namely in the treatment of:

- — the diseases of and injuries to the locomotor system;
- — the diseases of the circulatory system (in cardiology);
- — mental diseases;
- — in pulmonary diseases and tuberculosis of the lungs.

A. Programme for rehabilitation in the locomotor system diseases or injuries — present state

Rehabilitation patients suffering from the diseases of the locomotor system covers a number of special branches of medicine, i. e.

orthopaedy with traumatology, neurology, rheumatology, surgery and neuro-surgery.

When assessing the progress made so far in the rehabilitation of that group of patients, it is worth stating that, though a certain number of hospital beds and of personnel are available to it, those resources are insufficient compared to current needs.

1. In-patient Medical Service

The number of beds for patients, both adults and children in need of rehabilitation at hospitals and other in-patient centres of the health service amounted to 3,838 in 1966.

Table

Distribution of beds in the respective institutions of the health service

Year	Number of beds in clinical hospitals and institutes	Number of beds at local hospitals	Number of beds at rehabilitation sanatoria	Total
1966	75	877	2,886*	3,838

* Inclusive of 3 sanatoria for adults with a total of 300 places.

A comparison of the number of beds at rehabilitation sanatoria for children with that for adults shows a large disproportion in favour of children. As regards the number of hospital beds for patients in need of rehabilitation, the proportions for children and adults are more even.

In addition to the beds for medical rehabilitation, the latter is also conducted by rehabilitation teams in the respective wards of some special clinics and hospitals, and also special wards of local hospitals.

2. Out-patient Medical Service

At present, most rehabilitation out-patient centres suffer from shortage of room, personnel and equipment. These shortcomings not only greatly hamper the activity of those centres, but also reduce the standard of the services rendered by them.

The following institutions deal with medical rehabilitation:

— rehabilitation guidance clinics at voivodship special out-patient medical service centres;

— medical rehabilitation guidance clinics for children;

— guidance clinics for defects of posture at school hygiene centres;

— guidance centres for supplies of orthopaedic equipment;
— physical therapy departments.

The various organizational forms of those centres and lack of a unit co-ordinating their activities and responsible for their special standards add to the difficulties of the present unsatisfactory situation which calls for amelioration.

3. Health Resorts Medical Service

For many years past, the health resorts of this country have been aiding to meet the needs in the field of rehabilitation of people suffering from the locomotor system diseases or injuries. Apart from special sanatoria for children, with a total of 325 places plus some 40 reserved at sanatoria for rheumatic children, the Central Board of Health Resorts had at that time about 1,505 places for post-hospital rehabilitation of adults with the diseases of the locomotor system, including

639	for orthopaedic cases	
784	rheumatic cases,	and
82	neurological cases	
1505	total	

The patient's stay at health resort within the framework of post-hospital rehabilitation is the continuation of hospital treatment in the cases when the patient for one reason or another (mostly because of physician's contraindication) cannot benefit from the assistance of an out-patient clinic or when his condition makes it justifield to expect his considerable or complete recovery within a short time.

Physicians. The recent years have seen a gradual increase in the number of physicians specializing or undergoing special training in medical rehabilitation of people suffering from the diseases of the locomotor system. This increase is undoubtedly due to the activities of voivodship specialists for rehabilitation who being concerned with the development of rehabilitation in the area covered by their work have been paying special attention to the training of physicians in this field. A particularly important part is played in this respect by the Training Centres in Poznań and Konstancin. The courses organized by them make it possible for the first degree of specialization being acquired by the doctors frequently living for away from the centres and entitled to undergo such a special training.

As of December 31st, 1966, the number of physicians who acquired first or second degree of special training in rehabilitation of patients suffering from the diseases of the locomotor system was as follows:

first degree — 55
second degree — 35

Moreover, 67 underwent such a training at that time.

Regardless of the progress made in the field, it is necessary to point out the uneven territorial distribution of the specialized medical staff. Suffice it to mention the Olsztyn and Koszalin voivodships where there is not a single specialist in rehabilitation.

The detailed data concerning the number of physicians — specialists in rehabilitation — in the respective voivodships are given in Annex 1.

Another negative phenomenon is the small number of scholarsships granted to candidates for special training in rehabilitation. The data concerning the period 1961—1967 are given in Annex 2.

Remedial Gymnastics Instructors

For several years past the training of the said instructors in the various techniques of active movement therapy and sports training with regard to patients has been the concern of Academies of Physical Education and Higher Schools of Physical Education (Warsaw, Cracow, Wrocław) where Chairs of Medical Rehabilitation have been set up. In addition to the lectures and exercises specified in the curriculum the programme of those studies includes also special training of the instructors who are to work in the field of health service in the future.

The value of that training is beyond dispute and so is the need for its continuation. However, in view of the privileges granted by the Teacher's Charter, and also enjoyed by graduates from the Academies of Physical Education (physical training masters) employed in the centres of the health service and the ensuing difficulties in organization of their work (no more than 23 hours a week) it is necessary to base the implemetation of the tasks involved on the paramedical rehabilitation personnel or, to be more precise, on physical therapy technicians. The tasks of a physical training master in rehabilitation team should be concentrated on the methodological supervision of the work of physical therapy technicians, on the conducting of collective exercises and of those prescribed for more complicated individual cases.

Physical therapy technicians. The said technicians are trained at two-year schools admitting candidates who have completed a secondary school.

At present there are five schools for physical therapy technicians as indicated in the Table below.

Table

Number of trainees in 1967—1968

Item	Two-year schools for physical therapy technicians	Number of pupils (1st and 2nd form)	Number of places at boarding schools
1	Konstancin, near Warsaw	130	66
2	Poznań	37	—
3	Gdańsk	81	—
4	Wrocław	83	—
5	Łódź	42	—
		373	66

Apart from the necessity to further develop the training of rehabilitation workers of this type for the existing and newly set up establishments, the Ministry also considers it necessary to concentrate efforts on the training of all-purpose paramedical personnel who would be well acquainted with the basic techniques employed in rehabilitation: kinesitherapy, physical and occupational therapy. Education completed at the very same school would provide for a better mutual understanding of rehabilitation paramedical personnel. Moreover, apart from the obvious advantages resulting from this fact the introduction of this universally trained workers into rehabilitation practice would certainly solve the problem of the shortage of relevant personnel at a large number of local hospitals.

On the other hand, there is no justified reason for the training of occupational therapy instructors in separate schools. Hence the need for adaptation of the existing curricula to the new tasks. Social Assistants. Three schools of social assistants have recently been set up (in Warsaw, Poznań and Łódź). The present number of trainees, amouting to 364, does not correspond to the current needs. For the point is that every rehabilitation agency should have such a worker among its staff.

5. Supplies of Orthopaedic Appliances

In spite of a considerable improvement as regards availability of orthopaedic appliances, several shortcomings continue to exist especially in respect of the standard of their production. At present, this problem is a special concern of the following agencies:

— workshops at orthopaedic clinics of the Medical Academies, run by the Ministry of Health and Social Welfare, Department for Higher Education and Science;

— pre-hospital orthopaedic workshops subordinated to the Praesidium of the Voivodship People's Concuil;

— voivodship orthopaedic workshops subordinated to the said Praesidium;

— centres for orthopaedic services subordinated to the prostheses manufacturing plants;

— prostheses manufacturing plants subordinated to the Amalgamation of the Orthopaedic Industry.

The formation of the voivodship counselling centres for orthopaedic equipment has improved the effectiveness of the process of supplying orthopaedic appliances, yet their quality and, above all, punctuality of their preparation for the client still call for improvement.

There is no doubt that this state of affairs is a result of organizational shortcomings, namely:

— the loss of time caused by repeated passing over of the objects of orthopaedic treatment from the manufacturing plants to the centre for orthopaedic appliences, often additionally enhanced by transportation difficulties;

— lack of sanctions, on the part of the orderers (counselling centres for orthopaedic appliances), to exact from the manufacturers punctual preparation and satisfactory quality of the appliances produced by them).

Programme of activity

1. In the field of in-patient medical service it is necessary to:

a) organize medical rehabilitation units (with about 40 beds) or wards in all clinical hospitals;

b) organize in all the voivodship and municipal hospitals of the towns having the status of a voivodship

— units of medical rehabilitation;

— medical rehabilitation wards with some 40 beds;

c) set up voivodship or inter-voivodship centres (with 120—200 beds) for the complex rehabilitation of patients with the locomotor system diseases. If possible, the centres should be connected with a school for crippled children, for those undergoing treatment, whereas training workshops should be organized for the disabled who have to be trained for a new trade;

d) set up units or wards of medical rehabilitation at all district hospitals according to the existing needs and possibilites.

In view of the relativety high costs involved in providing rehabilitation equipment (treatment department), rehabilitation wards should be so organized that they could also be utilized for the needs of out-patient medical service.

2. As regards out-patient medical it is necessary to:

a) Organize an out-patient rehabilitation centre of voivodship rank in every voivodship for both children and adults suffering from the diseases of the locomotor system, irrespective of the etiology of those ailments.

The voivodship rehabilitation out-patient centre should be the co-ordinator of the whole of rehabilitation in the territory of its activity, and also should directly instruct the staff of rehabilitation centres and supervise the latter's activities (see the General Programme for Activity, item 1, paragraph 2, point a).

b) Organize medical rehabilitation guidance clinics at district out-patient centres and to employ the following staff for them:

— a rehabilitation physician (or one specially trained in rehabilitation problems),

— a physical therapy technician,

— an occupational therapy instructor,

— a masseur,

— a social assistant.

c) Expand the range of services rendered by the regional clinics of physical therapy so as to make it include those in kinesitherapy. This should be effected due to the employment of physical therapy technicians or a physical training master — specialist in remedial gymnastics.

3. The following steps should be made in the field of health resort medical service:

a) Expansion of the existing health resorts base for the rehabilitation of patients with the locomotor system diseases by means of:

— the organization of more rehabilitation centres for people with those diseases (especially for adults);

— the increase of the number of beds in health resort sanatoria for the post-hospital rehabilitation patients with the locomotor system diseases;

— the elimination of the shortage of skilled personnel and rehabilitation equipment and appliances in health resorts involved in the rehabilitation of patients with the locomotor system diseases;

b) to review and adequate the preparation of the establishments, e. g. gym halls, swimming pools, hydro- and physical therapy departments, from the viewpoint of the needs of health resorts reading the rehabilitation of patient with the locomotor system diseases.

4. As regards the training of special personnel it is necessary to:

a) increase the number of medical staff specialized in rehabilitation of the locomotor system diseases by means of:

— training of physicians appointed by the voivodship hospitals and municipal hospitals of town which rank as voivodship in rehabilitation problems at courses run for the purpose by the centres in Poznań and Konstancin — as heads of medical rehabilitation wards and units at voivodship hospitals;

— the increase of the number of scholarships for special training in rehabilitation;

— the organization of courses in rehabilitation within the framework of the Post-Graduate Medical Training Department;

— the introduction of rehabilitation problems into the programmes of the courses run by the said Department in other branches of medicine also concerned with the rehabilitation of patients suffering from the locomotor system diseases (e. g. rheumatology, neurology, etc.);

b) to introduce lectures on rehabilitation to all the Medical Academies in this country. These should be included into the programmes of instruction in all the subjects concerned with rehabilitation of the diseases of locomotor system;

c) increase the number of the trained para-medical personnel through:

— the formation of two more schools admitting leavers of secondary schools to train them as all-purpose rehabilitation workers specially instructed in:

— kinesitherapy,

— physical therapy,

— occupational therapy,

— the adaptation of the curriculum of the existing schools of this type to the training of all-purpose rehabilitation workers ranking among para-medical personnel.

d) to organize a school of orthopaedic technicians;

e) to train social assistants by means of:

— setting up of more schools for such assistants,

— organization of extramural training at the State Institute of Special Education;

f) to introduce lectures dealing with the role and tasks of nurse in rehabilitation of patients with the diseases of the locomotor system into the curricula of the schools of nurses.

5. The following measures should be taken as regards supplies of orthopaedic appliances:

a) Modernization and normalization of Polish orthopaedic appliances by the Commitee for Standardization of Orthopaedic Appliances set up for this purpose.

b) Concentration of the production of prostheses work-shops, first of all in the production of:

— semi-finished articles and components for the assembly of orthopaedic appliances for individual persons;

— wheel-chairs, walking-sticks and crutches;

— rehabilitation equipment and appliances.

c) to organize in every voivodship — on the basis of the existing network of orthopaedic centres — the voivodship orthopaedic workshops closely linked with the counselling centres for orthopaedic appliances at the voivodship out-patient rehabilitation centres. The workshops would assembly orthopaedic appliances for individuals, from the semi-finished articles and components produced by the prostheses manufacturing plants.

When organizing new workshops, special attention should be paid to the utilization of the existing base of the workshops at the respective clinics and hospitals (concentration of the material base and personnel).

d) The setting up of voivodship stores of semi-finished articles and components of orthopaedic appliances and rehabilitation equipment.

e) Entrusting the task of the manufacture of orthopaedic supports, and abdominal belts to the workshops of invalid's co-operatives.

f) Expansion of the basis of experimental facilities concerned with orthopaedic appliances, so as to link it with medical centres having the possibly to finance relevant research from their technological progress fund. The co-ordinator of this work should be the Central Laboratory of the Orthopaedic Industry Research and Experiments.

B. Programme for rehabilitation in cardiology and the circulatory system diseases — present state

Cardiological rehabilitation covers the two fields of activity:

a) Rehabilitation of patients suffering from the circulatory system diseases, which at present concerns mainly:

— coronary thrombosis;

— the pre- and post-operation of the cases of cardiac and large vessels defects in children;

— the post-operation condition of the cases of cardiac and large vessels defects in adults.

Rehabilitation of other diseases (overpressure, p-c blocs) has already been started, yet the relevant methods and techniques have not been developed.

b) Cardiological supervision of the rehabilitation process in other branches of medicine especially in the treatment of the locomotor system diseases.

1. In-patient Medical service

Although for a long time past the cardiological clinics have been trying to introduce elements of rehabilitation into the treatment of their patients, it was but the recent years that have seen an actual intensification of those efforts. This fact is certainly due to new methods of inpatient rehabilitation of persons suffering from the above-mentioned diseases (the principal contribution in this respect is that of the Institute of Cardiology, Medical Academy, Warsaw — the former Central Outpatient Clinic for the Diseases of the Circulatory System).

The organizational forms of in-patient rehabilitation are gradually expanded. Apart from the establishment of rehabilitation teams including physical training masters specialized in remedial gymnastics, psychologists and social assistants, cardiological rehabilitation is also conducted by rehabilitation wards at hospitals.

In-patient pre- and post-operative rehabilitation of children with cardiac and large vessels defects is mainly conducted by rehabilitation teams at the following surgical clinics;

— Children's Surgery Clinic, Medical Academy, Warsaw;

— First Surgical Clinic, Wrocław;

— The Surgical Clinic in Gdańsk with a rehabilitation ward which also takes care children with cardiac defects.

Moreover, the Rehabilitation Sanatorium in Konstancin for children after surgical interventions, which co-operates with the Children's Surgery Clinic in Warsaw, has 15 beds for children after serious cardiac operations.

Also, the centres of cardiac surgery in Poznań, Wrocław and Gdańsk have a certain number of beds for children with cardiac defects in near-by sanatoria and convalescent homes.

2. Out-patient Medical Service

Problems of out-patient medical service for adults suffering from the circulatory system disorders are dealt with by the counselling centres for those diseases. The Supervision of these centres is exercised by the Institute of Cardiology, Medical Academy, Warsaw.

The first to introduce out-patient rehabilitation of children suffering from the circulatory system diseases was the Children's Cardiological Counselling Centre at the Children's Clinics of the Medical Academy, Warsaw.

Gradually, various elements of rehabilitation have been introduced into children's cardiological counselling centres in all the major towns in this country.

3. Health Resorts Medical Service

Health resorts are also at the disposal of agencies responsible for cardiological rehabilitation, though to a degree insufficient compared with the needs.

In 1967, in health resorts, cardiological rehabilitation bodies had at their disposal

— 80 beds for children at the Cardiological Rehabilitation Sanatorium at Polanica; and

— 495 beds for in-patient cardiological rehabilitation of adults at health resorts in Inowrocław, Nałęczów, Duszniki and Rabka.

4. Personnel

The present programme for specialization in rehabilitation does not provide for instruction in cardiological rehabilitation. The only centre training physicians in this particular field is the Institute of Cardiology, Medical Academy, Warsaw, where some thirty persons have been trained either individually, or within the framework of the courses run by the Post-Graduate Medical Training Department.

5. Equipment

An important element of cardiological rehabilitation is to supply cardiological centres with the necessary equipment and special apparatus.

Hospital wards for cardiological rehabilitation have not yet been provided with Egerton-type beds, the first series of which (15 pcs) were manufactured last year. Portable electrocardiographs are but exceptionally at the disposal of those wards. They have insufficient gymnastic appliances and rehabilitation equipment indispensable in cardiological rehabilitation.

Programme of activity

1. As regards in-patient medical service the following steps should be made:

a) to organize rehabilitation teams at clinical and voivodship hospitals able to conduct rehabilitation of patients suffering from the circulatory system diseases.

As faras cardiological rehabilitation is concerned, these teams may operate within the internal diseases (cardiological) wards without having been organized as separate units;

b) to organize rehabilitation sanatoria, like that at Konstancin, near centres with large children's surgery wards for children after serious surgical interventions. These sanatoria should be destined for children at the age of 0—15 years.

c) to organize a rehabilitation sanatorium with a secondary school for children and youth.

2. As regards out-patient medical service it is necessary to:

a) allot a part of the working hours of hospital rehabilitation teams for the needs of outpatient medical services and their active should be completed by the vocational guidance instructor, pedagogue, psychologist etc., depending on the stage or the rehabilitation process;

b) introduce records of children with cardiac defects;

c) authorize the counselling centres for rheumatic diseases to direct children to rheumatological sanatoria without previous hospital treatment.

3. The following steps are necessary as regards medical service at health resorts:

a) The existing cardiological sanatoria should be turned into centres for post-hospital cardiological rehabilitation and they should be classifield among centres of group "D".

b) More centres for post-hospital rehabilitation of cardiacs should be set up in the vicinity of mother clinics in order to better supervise their activity and to eliminate difficulties in transportation of patients. These centres should specialize in one or more branches.

A certain number of beds in these centres should be reserved for the patients undergoing treatment within the framework of outpatient system who can be expected that they recover their capacity to work and improve their condition without hospitalization.

c) In the eastern part of Poland, a centre for cardiological rehabilitation of children, like the one operating at Polanica, should be set up, since it is necessary to incease the number of places for patients and to reduce the distances of their transportation.

4. The measures to be taken with regard to personnel are as follows:

a) To enable the persons holding posts of heads of centres for cardiological rehabilitation and appointed by the National Specialist in the Circulatory System Diseases to obtain, on the basis of verification, the title of specialist in cardiological rehabilitation with the right to train others in that particular field (in consonance with the new programme for special training in rehabilitation).

b) To introduce lectures on cardiological rehabilitation into the curricula of Medical Academies and those of Academies for

Physical Education within the framework of specialization in remedial gymnastics and into those of the Departments of Psychology and the schools for para-medical personnel.

5. The following steps should be made as regards equipment:

a) To provide the hospital wards of cardiological rehabilitation with Egerton type beds, electrocardiographs and rehabilitation equipment.

b) To eliminate the shortage of equipment at the centres for post-hospital cardiological rehabilitation.

C. Programme for rehabilitation in mental diseases — present state

The need for rehabilitation of mental cases results not only from the possibilities offered by modern psychiatry but also from the existing social and economic needs.

1. Rehabilitation of patients at mental hospitals comprises:

— activation of the patients during of intensive pharmacological treatment;.

— physical exercises;

— occupational therapy;

— therapy by way of work meant as preparation for employment after leaving hospital.

Rehabilitation at mental hospitals has been carried on for several years past. Yet, it neither embraces all the patients in need of rehabilitation, nor employs all the available methods.

The principal obstacles hampering the development of rehabilitation in mental hospitals are as follows;

— overcrowding of those hospitals, which, in some of them, results in the reduction of the area per person from three square metres to one and in the elimination of the room for general day use:

— insufficient growth rate in the number of skilled personnel;

— lack of premises for rehabilitation workshops (occupational therapy workshops). At present merely three mental hospitals (at Branice, Stronie Śląskie and Choroszcz) have buildings siutable for the purpose;

— restrictions in the number of full-time employment for rehabilitation personnel and in the funds for wages for the patients;

— difficulties in obtaining raw materials for the production of articles made by rehabilitation workshops and in organizing the sales of their products.

2. Forms of Semi-Outpatient Medical Service

The principal objective of the semi-outpatient medical service is to provide for the gradual integration of the mentally ill in society after hospital treatment.

The forms of that service are as follows:

— organization of the care of such patients at home;

— organization of day or night's stay sanatoria, hostels and boarding houses for patients with mental diseases and having no family;

— assistance rendered by social workers in organization of the patient's stay at home after return from hospital and in finding for him (her) suitable employment.

Among the above mentioned forms only the first is employed on a larger scale at present. As of December 31, 1966, the total number of persons embraced by this form of assistance amounted to 568. Moreover, experimental day and night wards for mental patients have been set up and carry on their activities.

3. Outpatient Medical Service

Rehabilitation of the mentally ill conducted within the framework of outpatient medical service aims at assisting such persons at the early stages of employment (shaping of the habit of work, adjustment to vocational activity). In order to implement the tasks involved, the mental outpatient clinics should have a sufficient number of rehabilitation workshops at mental clinics. At present, owing to lack of premises suitable for the purpose, there are but four such workshops in this country.

4. Employment of the Disabled

Employment of the mentally disabled is a concern of the invalids' co-operative movement that organizes sheltered workshops for them. Towards the end of 1967, the number of such workshops amounted to 52, and that of the mentally disabled employmeed therein to 1,787.

Yet, the expansion rate of the network of sheltered workshops is too slow compared with the current needs. Although the plans of the Invalids' Co-operatives provided for the organization of further 42 workshops by the end of 1970 to make their total number go up to 94 and the number of the mentally disabled employed by them to 3,400, the plans do not at all envisaged the organization of such workshops in the Cracow and Olsztyn voivodships.

Another form of employment for the mentally disabled, i. e. the home-bound system, so important for rural population, has been poorly developed so far.

Programme of activity

1. The following measures are necessary in the field of in-patient medical service:

a) To create the necessary conditions mental hospitals to activate the patient during intensive pharmacological treatment. This should be effected by way of eliminating the overcrowding of mental hospitals, by re-estallishment of the rooms for general day use and increase in the number of personnel, especially at the hospitals where the staffing is below the average.

b) To construct occupational therapy workshops or adapt some premises for this purpose at all the mental hospitals and sanatoria.

c) To expand the premises for occupational therapy in the designs of district and inter-district hospitals for the nervous system diseases and to provide for the construction of occupational therapy workshops at out-patient mental clinics.

d) To give occupational therapy workshops the priority in receiving machinery, equipment and waste raw materials withdrawn from industry.

2. The needs in the field of out-patient medical service are as follows:

a) Organization of rehabilitation workshops at voivodship out-patient mental clinics and in those situated in major towns.

b) Employment of social assistants at out-patient mental guidance clinics who would exercise control over the living and working conditions of the mentally ill.

3. In the field of semi-outpatient medical service it is necessary to:

a) organize, on a larger scale, assistance to the mentally ill at home in rural areas;

b) to make every effort to set up day or night's stay sanatoria for the mentally ill in major towns and to create in them conditions for occupational therapy.

4. In order to provide employment for the mentally disabled it is necessary to:

a) expand as early as possible the network of sheltered workshops and home-bound system within the framework of the invalids' co-operative movement;

b) put the Union of Invalids' Co-operatives under the obligation to construct, at its major production plants, hostels and boarding houses for the mentally disabled employed in the co-operatives and having no family. The disabled would live in those hostels against payment;

c) take into consideration the possibly of introducing the employment of the mentally disabled capable of work under ordinary conditions at ordinary places of employment;

d) take into consideration the possibility of co-operation between mental hospitals and places of employment on the basis of the use of occupational therapy workshops or special means. (This has already been started by the Mental Hospital at Dziekanka which co-operates with the H. Cegielski Works in Poznań).

D. Programme for the development of rehabilitation in pulmonary diseases and tuberculosis of the lungs — present state

Expansion of specialization in phthisiology now also embracing the diseases of the respiratory system, and its turning into pulmonology, has necessitated linking of the tasks and needs of rehabilitation in the sphere of tuberculosis of the lungs and of the respiratory system diseases. A large number of cases of pulmonary diseases call for rehabilitation which largely shortens the period needed for the recovery of full efficiency, while effective administration of anti-bacillary drugs, guaranteeing recovery of health, in most cases eliminates the need for medical rehabilitation of most T. B. patients as early as the first stage of treatment. In the cases where there are indications for such a rehabilitation procedure, it should be carried out within the period of anti-bacillary therapy. At later stages, it is applied in principle with regard to persons suffering from complications after T. B. and to T. B. convalescents with morphological or functional defects, i. e. to the disabled. According to the data of the Tuberculosis Research Institute, 22% of the disabled by T. B. are not able to undertake any employment.

Of the remaining 78%—

41% may be employed on a home-bound basis;

18% are capable to perform less exhausting jobs (without reduction of wages) on the basis of vocational qualifications acquired before the disease;

13% have to be temporarily or permanently employed under sheltered work system; and

6% have to be trained for a trade or a new job.

1. Medical Rehabilitation

Organization of medical rehabilitation in this field calls for relatively large financial outlays on the part of the health service in view of the necessity to:

— provide the centres concerned with imported apparatus for examination of functional efficiency;

— start the production of Polish equipment of this kind;
— furnish the rooms for occupational therapy;
— organize therapy by work.

At present, medical rehabilitation is conducted at centres of various kind:

a) under the system of in-patient medical service such as:
— internal diseases clinics of the medical academies;
— phthisiological clinics at medical academies;
— anti-T. B. sanatoria
— municipal hospitals;
b) under out-patient medical service:
— at voivodship anti-T. B. out-patient clinics incorporating physiopathological rooms and, in some cases, those for kinesitherapy and rehabilitation.

However, the distribution of those centres in this country is very uneven. As a result, the situation has arisen in which in some voivodships there are a few medical rehabilitation centres (e. g. in the cities and voivodships of Warsaw and Cracow, the voivodships of Poznań, Lublin and Białystok) whereas in others (Kielce, Bydgoszcz, Koszalin, Gdańsk, Szczecin and Zielona Góra) there is no possibility to perform simple functional tests of the respiratory system. The efforts made so far in the field of medical rehabilitation are too dispersed and separated from the needs of vocational rehabilitation. They are concentrated on diagnostic functional tests of the respiratory system, the vocational rehabilitation of the disabled being conducted but in a marginal way.

2. Training of the Disabled by T.B. and T.B. Convalescents

The need for education of T.B. children and youth is generally satisfied by the existing educational institutions. However, the secondary education authorities should provide for the adequate vocational training of patients from rural and urban areas.

Vocational instruction of young people or their training for new jobs are dealt with by the Training Centre of the Hanka Sawicka Rehabilitation Sanatorium (Otwock near Warsaw) which, in fact, covers the needs in this respect.

However, the problem of vocational rehabilitation of adults under the conditions of employment remains open and has not been solved either by the invalids' co-operatives or by other places of employment.

3. Employment of the Disabled

Co-operation between the anti-TB centres and the invalids' co-operative movement cannot be recognized sufficient.

Owing to lack of orientation in the needs concerning employment, the authorities of the movement do not expand the vocational lines most necessary to production, the newly set up enterprises employing too small a number of the disabled by TB.

As far as their placement is concerned, the situation is further complicated by lack of executive regulations of the Law on the Elimination of Tuberculosis providing for practical implementation of:

art. 10 point 1 — employment in consonance with the recommendations of the out-patient TB counselling clinic and point 3 — transferring to easier jobs for a three months' period;

art. 11 — organization of jobs for persons employed under part-time system;

art. 12 — selection to plants to carry on-the-job training.

Programme of activity

1. The following steps are necessary in the field of treatment at in-patient medical service centres:

a) To expand medical rehabilitation wards — at sanatoria for T. B. patients — so as to make them include occupational therapy and therapy by work;

b) To provide in-patient service centres dealing with rehabilitation of pulmonological cases with eguipment for functional tests of the respiratory system and indispensable rehabilitation equipment and appliances.

2. The following steps should be taken in the field of out-patient medical service:

a) To organize in every voivodship (on the basis of voivodship T. B. out-patient clinic at sanatorium for T. B. patients) one or two rehabilitation centres for both adults and children suffering from the respiratory system diseases or tuberculosis of the lungs.

For this purpose, a possibility should be ensured of utilizing the functional tests laboratories existing in the respective voivodships (at specialized clinics, general hospitals sanatoria for T. B. patients) for diagnostics of functional disorders and for medical examinations of the patients who do not convey the disease to their environment.

The rehabilitation centres set up within the voivodship T. B. out-patient clinics should link the tasks of both medical and vocational rehabilitation, and also issue certificates on temporary or permanent incapacity for work and provide vocational guidance.

The centres organized on the basis of sanatoria for T. B. patients should solve the problems of medical rehabilitation using both occupational therapy and therapy by work.

b) To expand rehabilitation units within all TB out-patient counselling centres and charge them with the duty to provide consultation to and supervize the rehabilitation activity of local centres.

c) To widen the scope of the activities conducted by the district TB counselling centres by the introduction of elements of kinesitherapy and providing them with simple equipment for functional tests (a simplified spirometer, peak air-flow indicator) and with rehabilitation equipment.

3. The measures to be taken in the field of training special personnel are as follows:

a) To make it a duty that the persons undergoing special training in pulmonary diseases should become acquainted with the principles of medical and vocational rehabilitation, including the methods of functional diagnostics, general improvement techniques and kinesitherapy.

b) To provide for supplementary training of paramedical personnel (physical therapy technicians) at their respective places of employment. The training should be provided within the framework of their professional activity.

c) To provide for supplementary training of both medical and para-medical personnel on the basis of the Hanka Sawicka Sanatorium at Otwock.

4. As regards equipment it is necessary to:

a) temporarily increase the imports of equipment for testing of the functional disorders of the respiratory system;

b) start the production of simple devices for the examination of the functional capacity of the respiratory system.

5. The following steps are indispensable in the field of the training of the disabled:

a) to organize vocational training of the disabled by TB and accompanying diseases within the framework of the invalids' co-operative movement and sheltered workshops;

b) to continue the vocational training of young disabled persons or to train those disabled for new jobs who for epidemiological reasons cannot return to their previous work or to start (or continue) training at ordinary schools on the basis of the Training Centre of the H. Sawicka Sanatorium, Otwock.

6. As regards the employment of the disabled it is necessary to:

a) establish close co-operation of the voivodship out-patient T. B. clinics and the local branches of the Invalids' Co-operatiives

Union in the field of planning enterprises for the employment of the disabled by T. B. or T. B. convalescents;

b) organize and expand the employment of the disabled on a home-bound basis in rural areas on the basis of invalids' co-operatives.

II. ANNEXES

Annex 1

The number of physicians specialized in the locomotor system diseases according to voivodships in 1966 (data given by the Department for Statistics, Ministry of Health and Social Welfare)

Item	Voivodship	First degree specialization	Second degree specialization	Doctors in the course of special training
1	Warsaw-city	7	6	5
2	Warsaw voivodship	7	3	17
3	Cracow voivodship	3	2	—
4	Cracow-city	2	2	8
5	Łódź-city	2	2	—
6	Łódź voivodship	—	—	—
7	Poznań-city	9	5	7
8	Poznań voivodship	1	1	5
9	Wrocław-city	1	—	—
10	Wrocław voivodship	3	4	2
11	Białystok voivodship	3	1	2
12	Bydgoszcz voivodship	7	0	2
13	Gdańsk voivodship	3	3	2
14	Katowice voivodship	4	4	2
15	Kielce voivodship	—	—	3
16	Koszalin voivodship	—	—	—
17	Lublin voivodship	1	1	1
18	Olsztyn voivodship	—	—	1
19	Opole voivodship	—	—	4
20	Rzeszów voivodship	1	1	—
21	Szczecin voivodship	—	1	—
22	Zielona Góra voivodship	1	—	2
Total		55	35	67

Note: The data do not include those physicians specialized in rehabilitation and in another special branch of medicine and embraced by the specifications pertaining to the latter.

Annex 2

Scholarships in rehabilitation granted to physicians in the respective voivodships in 1961—1967 (according to the data of Post-Graduate Medical Training Department)

Item	Voivodship	Year						
		1961	1962	1963	1964	1965	1966	1967
1	Warsaw-city	—	—	—	—	—	—	—
2	Warsaw voivod.	1	1	1	1	—	—	—
3	Cracow-city	—	—	—	—	—	—	—
4	Cracow voivod.	—	—	—	—	—	—	—
5	Łódź-city	—	—	1	1	—	—	1
6	Łódź voivod.	—	—	—	—	—	—	—
7	Poznań-city	—	4	3	4	5	4	4
8	Poznań voivod.	5	4	4	5	2	3	4
9	Wrocław-city	—	—	—	—	—	—	—
10	Wrocław voivod.	—	—	—	—	—	—	—
11	Białystok voivod.	—	1	2	3	2	2	1
12	Bydgoszcz voivod	—	—	—	—	—	—	—
13	Gdańsk voivod.	—	3	3	3	—	—	—
14	Katowice voivod.	—	—	1	1	1	1	—
15	Kielce voivod.	—	—	—	—	—	1	1
16	Koszalin voivod.	—	—	—	—	—	—	—
17	Lublin voivod.	—	—	1	1	—	1	—
18	Olsztyn voivod.	—	—	—	—	—	—	—
19	Opole voivod.	—	—	—	—	—	—	—
20	Rzeszów voivod.	1	1	2	—	—	—	—
21	Szczecin voivod.	—	—	—	—	—	—	—
22	Zielona Góra voivod.	—	—	—	—	—	1	1
	Total	7	14	18	19	10	13	12

Annex 3

THE ECONOMIC ASPECTS OF REHABILITATION

Despite the progress of medicine and the continuos expansion of the network of health service centres, every year the number increases of the chronically ill, of the disabled as a result of accidents, persons applying for pensions or for placement at social welfare residential institutions. One of the basic means to reduce the adverse effects of those increasing social phenomena is rehabilitation.

The economic aspects of rehabilitation are known and appreciated all the world over. For example, an analysis of the seven years' activity of rehabilitation centres for miners in Great Britain shows that 80% of rehabilitated miners have resumed work in mining (Hulek). In 1957, more than 260 workers of Austin Motors, Birmingham, benefitted from treatment at the industrial rehabilitation centre (2/3 of the cases involved being those of nontraumatic character). With a few exceptions, almost all the patients have returned to their previous jobs An inspection carried out after the lapse of some years has shown that nearly all of them continue work. These instances prove that appropriate rehabilitation brings good results.

Assessment of its economic profitability is, however, a complex problem. In Poland attempts of this kind were made e. g. by Mr. Kurek, M. A. (Chair of Medical Rehabilitation, Medical Academy, Warsaw) conducting research on the economic effects of traumas.

The point is that the problem of the elimination of accidents, both in Poland and in many other countries that have started the rapid industrialization of the national economy, is one of the most important issues connect with health protection.

A direct indicator of the volume of casualties is the amount of absenteeism caused by them and its proportion in relation to sick-leaves on account of other reasons.

The problem is depicted in the Table below.

Table 1

Sick-leaves in 1960—1963

Year	Number of days	%	including: traumas in general	%
1960	79 708 891	100.0	14 084 881	100.0
1961	88 719 824	111.3	15 737 459	111.7
1962	100 552 567	126.1	17 179 877	122.0
1963	104 137 784	130.6	18 899 269	134.2

Reference: Rocznik Statystyczny GUS 1964 (The Statistical Yearbook 1964, Central Statistical Office), 56.447.

The total number of days of incapacity for work rose by 30.6% in 1963 (taking 1960 as 100%) whereas that of incapacity caused by traumas increased by 34.2% in the same period, i. e. about 18% of the total in 1963.

Even a single glance at the above figures is enough to state that the index of absenteeism caused by traumas is much higher than that of general absenteeism due to illness.

The economic losses resulting from absenteeism caused by traumas amounted to some 3,688,000,000 zlotys in 1960—1963. The economic loss makes the lost part of national income which would have been contributed by the afflicted persons in the time needed for their treatment. These losses were estimated on the basis of data given in the Statistical Year-book 1964 (pp. 65—75).

Further expanses caused by traumas cover the money spent for:

— ambulance service,
— transportation of patients,
— medical assistance rendered at First-Aid Service stations,
— treatment at hospitals and sanatoria,
— indeminities to victims of accidents,
— sick benefits,
— disability pensions granted to persons disabled by traumas.

Table 2

Economic losses resulting from absenteeism due to illness in 1960—1963 (in million zlotys)

Year	General absenteeism due to sickness	%	including that	
			due to traumas	%
1960	4 221	100	746	100
1961	4 865	115	863	116
1962	5 686	135	972	130
1963	6 101	145	1 107	148
Total	20 873		3 688	
Annual average	5 218		922	

The expenditure and losses born by the society as a result of accidents causing traumas are considerable and should stimulate the health service authorities to lay a stronger stress on an overall approach to the treatment of traumas and make it include rehabilitation.

A social measure of the effectiveness of the treatment of traumas is the number of persons restored to health and capacity to work lost as a result of an accident. An important part is liable to be played in this respect by early medical rehabilitation conducted as early as the patient's stay at casualty ward.

The Metropolitan Rehabilitation Centre for the Locomotor System Diseases at Konstancin near Warsaw has estimated savings on treatment in selected cases that would have been made, if correct rehabilitation was started early enough („Walka z kalectwem" — Elimination of Disability, Weiss).

Table 3

Specification of expenditure and losses caused by traumas — annual average (according to Kurek)

Item	Specification	in thousand zlotys	
		Total	%
1	Volume of social product lost on account of absenteeism due to sickness	992,000	29
2	Expenditure connected with ambulance service, transportation of casualties and medical assistance at First Aid Service stations	64,987	2
3	Costs of treatment at hospitals and sanatoria	520,829	17
4	Costs of treatment at outpatient clinics	100,132	3
5	Total sum of sick benefits paid	659,977	21
6	Indemnities on account of accidents and other expenses involved in compensation for physical suffering	450,800	14
7	Disability pensions	426,296	14
	Total	3,145,021	100

For example: Specification of the costs of treatment of a paraplegic. Patient S. K., 20 years old, resident at Karsy, district of Radomsko, teacher by profession. Brought to the Solec hospital, Warsaw, in critical condition, completely exhausted, with grave bedsores. The patient stayed at the hospital for 427 days à 100.— zlotys

	42,700 zlotys
repeated blood transfusions	5,500 ,,
Total	48,200 zlotys

The patient stayed at Konstancin 254 days à 135,40 zlotys	34,391 zlotys
and received blood 23 times à 250 ml, 500 zl	11,500 ,,
wheelchair	4,000 ,,
leverchair	8,000 ,,
crutches	200 ,,
other technical aids	900 ,,
orthopaedic appliances	2,500 ,,
Total	61,491 ,,
The total costs of treatment	109,691 zlotys

If the said patient started rehabilitation early enough, the costs involved would be as follows:
a 3 months' stay at Konstancin,

i. e. 100 days à 135,40 zlotys	13,540 zlotys
papliances	2,500 ,,
wheelchair (in-door)	4,000 ,,
wheelchair	8,000 ,,
crutches	200 ,,
if necessary, blood transfusions ca 500 ml	1,000 ,,
Total	30,220 zlotys

Savings: 109,692 zlotys
−30,220 ,,

79,471 zlotys

Patient C. K. there years old.
Diagnosis: amputation of lower exremities as a result of an accident.

Brought for treatment from a children's hospital where he stayed from 22 July, 1959, till February 2,1960, u. e. 196 days. Costs of his stay at the hospital:

196 à 100 zlotys	19,600 zlotys
Costs of his stay at Konstancin:	
287 days à 135,40	29,259,80 ,,
2 prostheses	1,800 ,,
2 walking sticks	200 ,,
Total	50,859,80 zl.

In case of early rehabilitation the relevant costs would be as follows:

a two months' stay at hospital i. e.	
60 days à 135,40	8,124 zlotys
protheses and walking sticks	2,000 ,,
Total	10,124 zlotys

Savings: 50,589,80 zlotys
−10,124.— ,,
Total 40,735,80 zlotys

Growth Rate of Disability Pensions in 1961—1965

The present state of rehabilitation in this country is not satisfactory and does not meet the current needs. This can be proved by the steady increase in the number of pensions and in the state's expenditure outpacing the rate of the growth of employment.

Table 4

Structure of disability due to illness in 1959—1963

Item	Group of diseases	1959	1960	1961	1962	1963
	Total	100.0	100.0	100.0	100.0	100.0
1	Circulatory system diseases	29.9	32.5	31.8	32.6	32.7
2	Tuberculosis of the lungs	10.3	11.6	11.0	12.4	11.8
3	Locomotor system diseases and amputations	7.5	8.1	8.8	7.9	8.8
4	Respiratory system diseases	7.2	7.6	7.6	7.6	7.4
5	Neurological diseases	6.4	6.9	7.0	6.3	6.7
6	Mental diseases	5.2	5.3	5.5	5.7	5.7
7	Rheumatic diseases	5.9	5.1	5.0	5.4	5.2
8	Alimentary system diseases	4.3	4.3	4.5	4.0	3.9
9	Occupational diseases	2.0	1.2	0.7	0.9	0.7
10	Others	20.3	17.6	18.1	17.2	18.1

(Publication of the Social Insurance Office Zagadnienie Inwalidztwa Pracy w latach 1959—1963 — The Problem of Work Disabled in 1959—1963).

Structure of Causes of Illness of Employees up to the Age of Thirty

1.	Injuries to the locomotor system due to diseases and traumas	44.4%
2.	Diseases of internal organs	32.6%
3.	Mental diseases	11.2%
4.	Other diseases	17.0%

According to the publication mentioned above.

Table 5

Year	Number of pensions paid	Of which disability pensions	Index of increase
1961	1 502 000	588 000	100.0
1962	1 585 000	629 000	105.3
1963	1 664 000	667 000	109.4
1964	1 747 000	705 000	116.3
1965	1 823 000	734 000	121.3

Official Data

In the discussed period the number of old-age pensions rose by 120,000 and that of disability by 146,000. In 1961, disability pensions made 39.1% of the total number of pensions paid and, in 1965, 40.3 of the total.

The number of those pensions paid by the state is rising at a much quicker pace than that of old-age ones.

Moreover, a particularly rapid growth is observed in the expenses born in connection with disability pensions paid to victims of accidents at work.

This expenditure resulting from increase in the number of disability pensions grows by about 25,500,000 zlotys annually.

Introduction of early medical rehabilitation to in-patient medical service is an indispensable condition of rapid and effective prevention of disability, for the correct solution of this problem does not consist in granting disability pensions but in restoring the ability to work to the persons involved, either in their previous jobs or new ones. Disability pension should be considered an extreme measure and a necessary evil.

A disabled person properly prepared for work makes products of a definite value or renders services, thus earning his own and often his family's living.

Annex 4

LEGAL STATUS OF MEDICAL REHABILITATION

Regulation No 71/57 of the Minister of Health and Social Welfare, December 21, 1957 (Journal of Laws No 24/57).

Concerning rehabilitation sanatoria for children and youth.

The Regulation recommends transformation of convalescents homes and various residential institutions for children after polio and those with Little's complex, and also of health resort sanatoria for children, into rehabilitation sanatoria.

The latter are intended for children in need of rehabilitation as a result of:

1) polio,
2) other kinds of congenital or developed handicaps,
3) rheumatic disease,
4) allergies-asthma,
5) circulatory system diseases,
6) catarrh of various kind, anaemia, emaciation,
7) some surgical interventions,
8) inflammation of the liver.

The Regulation determines the respective types of rehabilitation sanatoria, e. g.

- for children and youth after polio,
- orthopaedic-rehabilitation sanatoria,
- balneological, and
- climatic sanatoria.

2. Ordinance of the Minister of Health and Social Welfare of July 18, 1962 (Journal of Laws No 55/62, item 2777 concerning: cost—free character of some services rendered by social institutions of the health service.

Article 2 items 30 and 37 say that services rendered by rehabilitation centres to persons after polio and by centres for children and youth suffering from disability of the locomotor system are free of charge.

3. The executive regulation to the Ordinance of the Minister of Health and Social Welfare of August 18, 1962 Journal of Laws No 55/62 item 2777 — is his Regulation No 32/63 of June 15, 1963 on cost-free character of some of the services rendered by social centres of the health service. Para XVIII of the Regulation says the following:

"Both children and adults after polio shall have the right to a free rehabilitation treatment."

4. The Ordinance of the Minister of Health and Social Welfare of November 19, 1962, concerning organization and tasks of medical and prevention centres of the industrial health service (Journal of Laws No 60, item 239) puts the centres of that service under the obligation to carry medical rehabilitation at its out-patient clinics and to co-operate in vocational rehabilitation and choice of jobs for the disabled.

The Minister's Regulation No 3/65 of February 10, 1965 concerning the specific organizational principles and activities of the factory and inter-factory out-patient clinics (Official Journal of the Ministry and of Health and Social Welfare No 14, item 19) says in art. 13, para. 3, that rehabilitation wards may be set up within the hospital wards of those clinics.

5. Ordinance of the Council of Ministers dated May 5, 1967, on planned employment of the disabled (Journal of Laws No 2, item 88 art. 14) says that enterprises whose personnel are embraced by the activities of the industrial health service, and others employing more than 500 workers should organize and run — in accordance with their possibilities and needs — the centres (Workshops) for industrial rehabilitation of workers who after a prolonged illness or an accident have to undergo, prior to resumption of their perma-

nent employment, a rehabilitation process under the supervision of specialized medical and para-medical staff.

6. The Minister's of Health and Social Welfare Ordinance of August 24, 1968 (Monitor Polski, Polish Monitor, No 38, item 274) on special treatment and training of persons receiving pensions at rehabilitation centres says that those receiving disability pensions are subject to special treatment, training and rehabilitation at rehabilitation centres for the purpose of complete or partial restoring of their ability for work or preventing deterioration of their health.

7. Regulation No 51/56 of the Minister of Health, of October 31, 1956, (Official Journal of the Ministry of Health and Social Welfare No 20/56, item 94) concerning supplies of auxiliary appliances.

The Regulation determines the procedure of granting auxiliary appliances other than prostheses (hearing-aids, artificial eyeballs, walking sticks, etc.) to various groups of persons, i. a. to the disabled.

In the near future the latter Regulation is to be amended so as to provide for:

a) transferring of the right to grant those appliances from administrative bodies to health service centres;

b) more detailed definition of the scope of these services.

8. The Minister's Ordinance of November 10, 1967, on granting orthopaedic appliances (Journal of Laws, No 42, item 214).

The Ordinance determines the following:

— kinds of orthopaedic appliances,

— categories of persons entitled to be granted those appliances,

— the period of the latter's use,

— the procedure of granting prostheses and of effecting repairs to them.

Services in this field comprise the insured, pensioners, the retired, the disabled, students of universities and higher schools, persons qualified for social assistance, village administrators and persons embraced by the provisions of the Ordinance of the Minister of Health and Social Welfare of September 3, 1968 on medical assistance to pensioners, the retired, the disabled and members of their families (Journal of Laws No 35, item 245).

9. Resolution No 265 of the Council of Ministers of November 10th, 1967, on supplies of orthopaedic appliances to some groups of the population (Polish Monitor No 62, item 296).

The Resolution extends the scope of services in this field to include also:

1) children and youth attending schools;
2) T. B. patients the disabled by T.B. and T.B. convalescents, if the need for orthopaedic appliances is connected with this disease;
3) the blind — members of the Polish Union of the Blind;
4) members of the Association of Combatants for Liberty and Democracy.

Persons entitled to being granted orthopaedic appliences by virtue of the above-mentioned Resolution receive, free of charge, the following:

1) lower and upper artificial limbs,
2) orthopaedic corsets,
3) orthopaedic appliances,
4) wheelchairs,
5) white walking sticks,
6) objects other than those mentioned in points 1—4, and indispensable to medical rehabilitation.

The procedure of granting the above-mentioned appliances shall be determined by the relevant executive ordinance of the Minister of Health and Social Welfare.

10. Regulation No 53/62 of December 10, 1962, concerning the organization, scope of activity and procedure of a centre for orthopaedic appliances (Official Journal of the Ministry of Health and Social Welfare No 24/62, item 151) to be altered in the immediate future in its part pertaining to the principles of co-operation with procedurs of these appliances. In consonance with the draft regulation on the organization and tasks of voivodship out-patient rehabilitation clinics, centres for orthopaedic appliences are to be incorporated with these clinics as their internal units.

11. Regulation of the Minister of Health and Social Welfare of September 1, 1965, on some tasks of hospitals for patients with nervous and mental diseases within the framework of care at home (Official Journal, No 18, item 110). Organization of care at home for the mentally ill is one of the specific elements of rehabilitation of this group of patients.

The Minister's Regulation No 65/57 December 4, 1957, concerning the standard organizational rules of voivodship mental clinics (Officil Journal, No 23, item 125). An extension of this instruction are the directives of the Ministry of Health and Social Welfare of November 3rd, 1962, Nr R 001—26/62 laying down the tasks of the out-patient clinics in the field of occupational therapy and co-operation with employers, Committees on Disability and Employment, invalids' co-operatives and the departments of health and social welfare of the Praesidia of People's Councils as regards the employment of patients and the disabled.

The Ordinance of the Minister of Health and Social Welfare of November 25, 1967, on medical and vocational rehabilitation of persons undergoing treatment at mental clinics and hospitals (Official Journal, No 23—24, item 98).

12. The Minister's Regulation No 69/55 of November 28, 1955 (Official Journal No 23/55, December 20, 1955) on the standard organizational rules of voivodship out-patient T. B. clinics. Refering to the tasks of rehabilitation units of these clinics, the Regulation mentions, as follows:

— instructing and supervision as regards the employment of convalescents and patients to prevent the recurrence of the disease, and also proper job placement providing for the attainment of full labour productivity by the convalescents.

In particular these tasks comprise:

1) examination of working conditions,

2) expertises concerning a given person's ability for vocational work or the need for a change of the latter,

3) counselling concerning the change of job.

The Minister's of Health Regulation No 39/58, of August 8, 1958 (Official Journal No 16/58, item 75) on the principles and procedure of directing T. B. patients for treatment at in-patient medical service centres.

A separate part of the Regulation refers to the T. B. rehabilitation sanatorium. This is a sanatorium where, apart from medical treatment, also vocational training of T. B. patients and convalescents is conducted. Persons having at least partial ability to work are directed to these sanatoria. Applications for treatment at them are drawn up by T. B. out-patient clinics and verified by a special commission at the sanatorium. The Law on the Elimination of Tuberculosis (Journal of Laws, No 27/59, item 170) provides for free services in the prevention, diagnosis, treatment and rehabilitation of T. B. persons.

Regulation No 47/59 of the Minister of Health and Social Welfare, of December 11, 1959, on free treatment and prevention of tuberculosis (Official Journal, No 23/24, item 107).

13. The Minister's Regulation No 16/63 of April 9, 1963 (Official Journal No 7/63 of 25 April 1963) on free treatment of persons after polio and of children and juveniles afflicted with disability of the locomotor system at health resort sanatoria.

The Regulation says:

a) persons entitled to services by virtue of the detailed provisions, i. e. those mentioned in the above-quoted Ordinance of the Minister of Health and Social Welfare of August 18, 1962, may be directed for stay and treatment at the health resort sanatoria run by health resort enterprises; the costs involved being covered from the central budget of the Ministry of Health and Social Welfare."

b) The basis for directing an adult for such a treatment is an examination chart drawn up for the needs of health resort treatment, form M2/PAM—36.

c) The basis for directing there a child or juvenile person is an application drawn up on form M2/SEDEM — 1, issued by a physician of a social health service centre on the basis of medical examination.

These documents directing a person for treatment are issued by the departments of health and social welfare of the praesidia of voivodship people's councils or by the health service centre authorized by them.

Persons directed for treatment at a health resorts are entitled to reimbursement of the travelling costs involved, if they have the right to benefits on account of social insurance.

Regulation No 35/65 of the Minister of Health and Social Welfare, November 4, 1964, on the directing of patients for rehabilitation treatment at health resorts (Official Journal No 21, item 116, of 1964, No 121, item 120 of 1960 and No 16, item 99, 1966).

The Regulation says that those entitled to apply for medical or special rehabilitation at a health resort are the persons entitled to benefits by virtue of social insurance, or those having the right to services rentered by social health service centres at the same footing as the insured, and also persons qualified to benefit from social assistance, members of the agricultural circles and individual peasants — owners of small- and middle-size farms.

14. Regulation No. 12/64 of the Minister of Health and Social Welfare of February 19, 1963 (Official Journal No. 8, item 49) concerning the factory and inter-factory out-patient rehabilitation clinics of invalids' co-operatives and their organizations.

In consonance with the Regulation, the task of these clinics is i. a. co-operation with vocational voivodship rehabilitation guidance centres in vocational rehabilitation of the disabled, especially as regards the choice of production lines suitable for the respective groups of the disabled and organization of proper work stands and working conditions for them, providing medical rehabilitation at the above mentioned clinics and in rendering assistance in the field of health service, duly combining prophylaxis and treatment.

Ordinance of the Minister of Health and Social Welfare, of February 29, 1964 (Polish Monitor No. 19, item 87) on the inclusion of factory and inter-factory rehabilitation out-patient clinics run by invalids' co-operatives and their organizations in social health service centres.

MEDICAL REHABILITATION

At present medical rehabilitation is recognized an integral part of the procedure employed in the therapy of a large number of diseases, traumas and congenital defects.

The change of opinion on the essence of the therapeutic process has also caused an alteration in the approach to the concept of recovery. The point is that the latter no more denotes the moment of the patient's leaving the hospital or other medical centre but his return to work, family and society.

An essential factor of implementing the task set before rehabilitation is the development of the afflicted person's turn of mind permitting for restitution of his positive attitude towards his environment and society. According to Hulek, social rehabilitation of the disabled consists in their adaptation to the requirements of daily living, family life, vocational activity and rest and entertainment in leisure time. In view of the diversity of the problems involved, this process — especially as regards the disabled — is by no means easy and should be carried in close relationship and simultaneously with medical rehabilitation. In this case the latter's tasks is to prepare the individual concerned — under the altered morphological conditions of his system — for undertaking definite jobs in his environment.

Medical rehabilitation is a sphere of the activity of the health service. It embraces a complete set of techniques employed in the course of basic treatment for the purpose of:

— acceleration of regenerative processes of the system,
— prevention of negative effects of diseases or traumas,
— relating of compensative mechanisms of the system for the purpose of maximum development of functional possibilties of the individual.

Medical rehabilitation not only means the use of elements of early rehabilitation as early as the treatment of the basic disease and serious traumas causing inability to previous way of work and living, but also provides for the reconstruction of the patient's morphological and social status to enable him to attain self-dependence and ability to active life.

Co-ordinated and collective procedure within the framework of medical rehabilitation is provided by a team composed of the following specialists: a physician — specialists in rehabilitation, kinesitherapist (a physical training graduate specialized in remedial gymnastics or a technician specialized in physiotherapy), a specialist in physical therapy, an expert in occupational therapy and a social assistant. If necessary, a psychologist, logopedist and orthopaedic technician add to the composition of the team.

It is obvious that an effective and broad utilization of elements of rehabilitation in the complex process of medical treatment and the assistance rendered by the health service depend — to the same degree — on the possibility of using the latest achievements in this field and on the socio-economic structure of the society in which this rehabilitation is developing, for it is this structure that determines both the system and scope of health protection activaties and, accordingly, also the tasks of the health service in the field of medical rehabilitation.

In conconance with the requirements and prophylactic character of the activities of our health service, the latter's tasks in the general process of rehabilitation are as follows:

— providing for early rehabilitation of patients in the course of both hospital treatment and that at out-patients' clinics as prevention of disability;

— providing for overall rehabilitation of all those who have to undergo a prolonged process of rehabilitation taking into account a wide range of its components, i. e. medical, vocational, psychological and social rehabilitation.

To implement these tasks the following centres and organizational units of medical rehabilitation are organized within the health service system:

Within the framework of in-patient medical service:

1. Medical rehabilitation wards and units at hospitals of all ranks.

The ward of medical rehabilitation, as an organizational unit renders services in kinesitherapy, functional occupational therapy, physical therapy and assistance in psychological and social problems to patients of all the other wards of the hospital.

Except for special cases in need of hospitalization at the said ward, the latter also takes care of patients of the other wards of the hospital by means of the rehabilitation team. The medical rehabilitation ward has not only a definite number of beds, but also a surgery providing services in the above services.

2. Rehabilitation centres as independent units of the health service. These are special units staffed by a high-skilled rehabilitation personnel and provided with special diagnostic and therapeutic equipment. The rehabilitation centres are intended for persons who on account of a prolonged or permanent disability have to be subjected to long and complex rehabilitation. Those are,

as a rule, the unts specialized in a definite line of rehabilitation, e. g. in the locomotor system diseases.

Within the framework of out-patients' medical service:

1. Outpatient clinics for medical rehabilitation, that may be organizational units of voivodship or district special out-patients' clinics. The scope of services rendered by them covers: kinesitherapy, physical therapy, functional occupational therapy and counselling in social problems.

2. Voivodship rehabilitation out-patients' clinics, i. e. centres co-ordinating and supervising all the rehabilitation activities in the voivodship and intended to satisfy the needs in the sphere of medical, vocational and social rehabilitation.

The resources of health resorts — such as rehabilitation sanatoria or places therein for post-hospital rehabilitation in various lines are also utilized for the purpose of medical rehabilitation.

At present the base of medical rehabilitation facilities in this country embraces, as follows:

1. Within the system of in-patient medical service:
— Rehabilitation Clinics of the Medical Academies,
— Centres for Overall Rehabilitation,
— Medical Rehabilitation Wards and Units at the Clinics of Medical Academies,
— Medical Rehabilitation Ward and Units at Rheumatological Institute,
— Voivodship Rehabilitation Centres,
— Medical Rehabilitation Wards and Units at Voivodship Hospitals,
— Medical Rehabilitation Wards and Units at District Hospitals,
— Medical Rehabilitation Wards and Units at Municipal Hospitals,
— Rehabilitation Sanatoria.

2. Under the system of out-patient health service system:
— Voivodship Rehabilitation Out-patients' Clinics,
— Medical Rehabilitation Counselling Departments at Voivodship (Municipal) Special Out-patients' Clinics,
— Medical Rehabilitation Counselling Departments at District Out-patients' Clinics,
— Hospital Counselling Centres for Medical Rehabilitation,
— Counselling Centres for Defects of Posture (at School Out--patients' Clinics),
— Medical Rehabilitation Counselling Divisions at Mother and Child's Welfare Centres,
— Industrial Rehabilitation Centres.

The work of a social assistant combined with the acctivity of the health service is frequently stressed as one of the most essential elements of the services in question.

The social assistant — as the person having the closest contact with the individual in need of assistance — is also in a position to point to the subject's less conspicuous needs for medical rehabilitation and apply for assistance.

Although at present the network of medical rehabilitation centres is insufficient compared to the constantly growing demand for services of this kind rendered by the social health service, the base existing in this country is by no means modest and the inclusion of elements of medical rehabilitation in the system of social services is possible and indispensable in many cases.

The social assistant's activities in the field of rehabilitation call on him for a sound knowledge of both the needs of the given community and the prospects of meeting them in the area concerned and this knowledge may be acquired but under the conditions of a close co-operation with the health service.

The social assistant should know that whenever he finds a person in need of rehabilitation, he may apply for assistance to the Voivodship Rehabilitation Out-patient Clinic or to the Voivodship Rehabilitation Counselling Centre at the Special Out-patient Clinics. Those agencies operate in most of the voivodships. It is expected that the organization of the full network of voivodship rehabilitation out-patient clinics will have been completed by 1975.

SUPPLY OF ORTHOPAEDIC APPLIANCES

Orthopaedic equipment and appliances play a very important part in the medical, vocational and social rehabilitation of persons suffering from the locomotor system injuries. Depending on their kind and designation, orthopaedic appliances either cure the disease or disability, prevent its deterioration, curb its effects, make it possible for the person concerned to move or compensate for the lost functions of his organism. Of considerable significance is also their role in disguising disability. Thus, the ultimate objective of the supply of orthopaedic appliances is to create conditions helping to overcome the effects of disability, to start or continue education, or gainful employment and to attain self-dependance in the activities of daily living.

The manifold functions to be exercised by the said appliances made that the range of persons entitled to orthopaedic services rendered by the health service centres set-up for the purpose has notably expanded and also embraced a large number of people, apart from those entitled to such services by virtue of social insurance.

The citizens' rights to being provided with orthopaedic appliances are laid down by the following regulations:

1) The Ordinance of the Minister of Health and Social Welfare of November 10th, 1967, on granting of orthopaedic appliances (Dziennik Ustaw — Journal of Laws — No 42, item 214),

2) the Council of Ministers' Resolution No. 265, of November 10th, 1967, on supply of some groups of the population with orthopaedic appliances (Monitor Polski, Polish Monitor, No. 62, item 296) and the Ordinance of the Minister of Health and Social Welfare of June 19th, 1969, on appointment of the institutions empowered to allocate, free of charge, orthopaedic appliances for some groups of the population and the principles and mode of their allocation (Polish Monitor, No. 27, item 211).

The orthopaedic appliances are granted to the entitled persons, in principle free of charge except for orthopaedic footwear for which — in cases defined by relevant regulations — payment of 1/3 of its price is binding.

Persons entitled to being allocated free orthopaedic appliances.

The first group comprises persons referred to in the provisions of the above-mentioned Ordinance of the Minister of Health and Social Welfare of November 10th, 1967, namely:

- those entitled to medical assistance by virtue of sickness insurance and maternity benefits;
- persons entitled to medical assistance rentered by the health service of the Ministries of: National Defence, Internal Affairs and by the health service of State Railways;
- students and members of their families entitled to medical services;
- persons embraced by the obligatory social insurance of craftsmen and their families;
- village administrators;
- pensioners and the disabled receiving pensions by virtue of regulations on pension and old-age pension system and members of their families entitled to medical assistance;
- recipients of family pension by virtue of regulations on pension system;
- widows of soldiers and war and military disabled who were obtaining pensions up to December 1st, 1956 and then were paid once a compensation;

- persons having the right to free medical services by virtue of the regulations on social assistance.

The said groups of persons benefit from the whole range of free orthopaedic appliances including:

- upper and lower artificial limbs,
- orthopaedic shoes,
- orthopaedic supports
- orthopaedic corsets,
- orthopaedic apparatus,
- abdominal belts and trusses,
- wheel chairs, and
- others not mentional herewith but indispensable to medical rehabilitation, and also supplementary auxiliary appliances such as prostheses, gowns for upper artificial limbs, boots for lower artificial limbs, walking sticks, crutches, stump stockings and repair sets.

The second group of persons benefiting from free orthopaedic appliances is defined by the provisions of Resolution No. 265, of the Council of Ministers, of November 10th. 1967. This group embraces persons having no other right to obtain them, i. e.:

- children, school youth and students,
- TB patients and convalescents, if their need for these appliances is connected with this disease,
- the blind — members of the Polish Union of the Blind,
- former participants in the nationalliberation movement, members of the Union of Fighters for Freedom and Democracy.

The persons mentioned above are entitled only to basic orthopaedic appliances as specified above, with the exception of orthopaedic shoes, supports, abdominal belts and trusses.

Procedure of granting orthopaedic appliances

Orthopaedic appliances are granted by the competent regional counselling centre for orthopaedic equipment upon the application of the district out-patients' clinic or another agency authorized to issue such applications. It is only in the case of persons entitled to the service rendered by the health service of Ministry of National Defence, the Ministry of Internal Affairs and by the Polish Railways that the applications for orthopaedic equipment are issued by the health service of the said institutions.

The applications for an orthopaedic appliance are subsequently directed to the respective voivodship counselling centre for orthopaedic equipment, and if the patient should be hospitalized, to the respective health service centre competent.

These centres ultimately decide whether and what kind of appliance should be manufactured in that case and give the instructions concerning the use of the appliance concerned. The centres co-operate with the orthopaedic equipment plants and take care that the given appliance be manufactured in consonance with the physician's recommendations and in due time.

It is worth mentioning that the regulations also define the period of usability of orthopaedic appliances which is, as follows:

— lower artificial limbs — 5 years,
— upper extremity working prostheses — 3 years,
— upper extremity cosmetic prostheses — 5 years,
— orthopaedic shoes — 1 year
— othopaedic corsets — 3 years,
— othopaedic apparatus — 3 years,
— trusses — 1 year
— abdominal belts — 2 years.

Nevertheless, a new orthopaedic appliance may be granted before the lapse of the specified period, if that granted previously has become uselees because of the changes in the physical conditions of the patient or of its destruction or wearis due to no fault of the user.

REHABILITATION COUNSELLING

The disabled — much more frequently than healthy individuals — need the advice of other persons, especially that of specialists in various fields. This results from graeter difficulties encountered by them in their everyday life — at home, in vocational activity and leisure time — on account of impaired efficiency (physical, mental of that or social behaviour).

The advice wanted may pertain to the conditions of their health, deteriorating with the passing of time, or to the effects of disability. Some of the disabled need advice regarding treatment and intervention aimed at relieving their suffering, others need a sanatorium treatment to improve their condition, and still others need physical exercises developing the efficiency of definite organs and their functions and, last but not least, counselling as to the orthopaedic appliances or technical aids wanted by some of the disabled persons.

The disabled also encounter difficulties in getting information about social privileges they are entitled to by virtue of various legal regulations that in many cases are too complicated and hardly understandable to them. Social counselling is mostly wanted by persons resident in the countryside or small towns who have difficulties in reading (as a result of affected sight) or those with low educational standards, and also by passive individuals inclined to relying upon others.

Many disabled persons look for advice concerning the direction of their vocational training or employment (this problem will be discussed in detail later on). Finally, there are also those who need counselling not for their own sake but for that of their handicapped children, regarding their future general or vocational education or the possibility of attending courses improving vocational skills and qualifications.

The severely handicapped may also need advice in technical matters, such as the supply of orthopaedic appliances, repairs of these appliances, adaptation of flats or furniture to their needs, means of transportation, e. g. wheel chairs or motor-cars as well as in the problems of facilitating their vocational activity, etc.

Counselling in all those matters is given by the praesidia of people's councils or their specialized agencies, namely:

- in matters concerning health — by special counselling centres, hospitals, clinics, sanatoria and medical boards of health resorts,
- in problems of training and education — by school boards or district divisions for education or schools situated within the areas concerned;
- in technical problems — by counselling centres for orthopaedic equipment and appliances, by producers of these appliances, clinical orthopaedic workshops of the medical academies, hospital orthopaedic workshops, by voivodship orthopaedic workshops and by centres for orthopaedic services (subordinated to producers).

The disabled encounter two principal diffculties when choosing a vocation: selection of the proper direction of training and employment as such. This results from their disability that limits the possibilities to perform certain vocational operations and involving the hazard of accidents that may easily take place because of limited capacity, especially when working under bad conditions or those non-adapted to a given kind of disability.

It is essential in rehabilitation counselling to take into account on the one hand the disabled person's physical capacity, and his life and vocational experience, psychic condition, interests, abilities, family situation, and on the other the requirements he faces at his work, vocational activity or the job to be performed by him. Thus, the point is to know the handicapped person's possibilities and to determine the character of work that may be recommended to him. It is the physician's task to learn to know the disabled and to assess the character of working conditions in the aspect of the physical efficiency of the person concerned. Another duty of the physician is to assess the degree of the efficiency of the disabled person's upper and lower extremities, sight, hearing, possibility of performing work in standing, sitting or another position physical capacity, ability to work under different conditions (indoors, out-doors, at low or high temperature, in dry or humid air, amidst dust or smoke, in poorly lit premises, draught, noise, at considerable attitudes, in sports where hazard of dangerous accidents exists, to perform team or individual work, that involving journeys etc.). It is also essential to establish whether the handicapped person is able to reach the work place on foot, by bicycle, bus, railway, etc., whether special facilities or other forms of care at work are required by him.

Evaluation of the disabled and of the work performed by them is carried out by psychologists, and also by psychiatrists in case of psychic disorders.

Counselling in social matters in given to the disabled by the officers of the praesidia of people's councils, and also by social assistants in those institutions and work places with work stands for the handicapped.

The physician, psychologist and social assistant together with other specialists make up the staff of rehabilitation vocational guidance centres that gives advice concerning the choice of trade, and also recommendations and contraindications to the handicapped undertaking employment. In Poland, as yet, there are no counselling centres that would give the whole range of advice and display their activities for the disabled directed to schools of various kind, to work and also of those applying for assistance. Nevertheless, work on organization of such centres is already under way.

Even now, we have in this country some centres engaged — though in a limited degree — in vocational guidance. Those are, as follows:

a) some medical rehabilitation centres, e. g. at the Orthopaedic Clinic in Poznań; the Rehabilitation Centre at Konstancin near Warsaw; the Miners' Rehabilitation Centre at Repty Śląskie and others — intended for the youth under treatment (vocational pre-orientation),

b) the training and vocational guidance centres subordinated to District School Boards as regards counselling for youth completing special or ordinary elementary school (as a rule those centres are situated in voivodship capitals). The youth who are expected to complete an elementary school soon are also informed by their teachers about the possibilities of vocational training,

c) the vocational rehabilitation centres of the Invalids' Co-operatives Union — engaged in counselling to persons looking for a job at the said co-operatives.

Moreover, there is a considerable number of agencies and institutions their advice-though incomplete — being essential in the choice of work. This group of institutions includes the following:

a) medical commissions for disability and employment that classify the disabled according to the degree of their disability, and at the same time give recommendations or contraindications concerning their training and work (above all, as regards juveniles prior to the choice of profession). A dozen or so such commissions operate in every voivodship. They are subordinated to the Social Insurance Board.

b) Divisions for Vocational Rehabilitation of the Disabled of the Praesidia of Voivodship People's Councils and social assistance workers, at the Praesidia of District People's Councils, who direct the disabled for vocational training and work;

c) the committees qualifying the disabled for vocational training at an agency appointed for the purpose; the committees operate at those agencies their task consisting in recommending the adequate line of training upon an analysis of a given pupil's progress at school, his experience, the results of interview with him and of medical examinations and other data.

The social assistant is also in a position to give valuable advice to the disabled person which depends however, upon his knowledge of the subject, his professional preparation and experience. When unable to do this, he should know how to direct the disabled to an agency where the quidance wanted would be given to him. Moreover, the social assistant is the most competent person to advise the disabled in the problems encountered by him in his everyday and family life.

TRAINING OF THE DISABLED FOR WORK

Preparation of the disabled for work is carried on in various forms in this country, depending on the subject's condition, age, general and vocational preparation, environment, etc.

The most frequent forms are:

— training on the job organized at ordinary work places in the key and local industries and at invalids' co-operatives. This form of training is mainly employed with regard to persons with minor disability whose integration in the personnel does not call for the employment of special training, and also to the older disabled who cannot undergo many years' training because of their family situation or insufficient general preparation;

— training for employment on a homebound basis mainly organized by invalids' co-operatives for persons suffering from chronic diseases and the heavily disabled who cannot be employed at ordinary enterprises on account of their condition, transport difficulties, environmetal factors, etc.;

- special vocational schools run by the Ministry of Education and factory vocational schools for juveniles — mainly the mentally handicapped, the deaf and the blind;
- ordinary vocational schools run by the Ministry of Education for the disabled with minor handicaps who completed elementary schools and have not exceeded the age of admission to those schools;
- vocational rehabilitation centres (boarding-schools and training centres for the disabled) subordinated to the Ministry of Health and Social Welfare and admitting the severly handicapped disabled and those who for various reasons cannot undergo training in the previously mentioned form.

Taking into consideration the importance of this problem, the Council of Ministers determined the principles of the vocational training of the handicapped in its Resolution of May 5, 1967 on the planned employment of the disabled (Journal of Laws, No 20, item 80).

In consonance with the provisions of the Resolution, the disabled who have not mastered a trade or having done so are not in a position to work in that trade or in the one exercised prior to their disability, are entitled to benefit from the following forms of vocational training — depending on their condition, education and age:

1) training in a trade or for a definite job in a work place — under the conditions suitable to their health or in such trades or occupations which they may perform without detriment to their health, attaining the average productivity;

2) education at ordinary vocational schools, according to the subject's physical and mental capacities;

3) training at vocational rehabilitation centres for the disabled, if they cannot undergo training or acquire education as in paras 1 and 2.

The problem of the vocational training of the disabled is mainly handled by the Ministry of Education and Higher Schools, as regards children and juveniles; the Ministry of Health and Social Welfare that deals with schools for adult disabled and for handicapped youth over 16 of age and by the Invalids' Co-operatives Union.

Moreover, there also exist other possibilities for on-the-job training of the disabled in various branches of the national economy. The respective ministers have issued relevant orders in this matter, in consonance with the said Resolution of the Council of Ministers. The orders concern the problem of the vocational training of the disabled directed for work by the competent agencies for health and social welfare of the Praesidia of the People's Councils.

The Ministry of Education and Higher Schools runs 67 special elementary vocational schools with a total of 7000 pupils. According to the data for the school-year 1968—1969, the number of pupils at the respective schools was as follows:

101	blind persons	(three schools)
783	deaf	(nine schools)
352	morally neglected persons	(ten schools)
294	persons suffering from chronic diseases	(four schools)
73	cripples	(one school)
5,427	mentally handicapped persons	(forty schools)

Moreover, a certain number of the disabled attended ordinary vocational schools.

An important part in the vocational training of the disabled is played by the co-operatives affiliated with the Invalids' Co-operatives Union, their current possibilities of vocational training of the disabled being as follows:

training on the job	11,000	persons
factory schools	600	,,
vocational training courses	14,000	,,

The Ministry of Health and Social Welfare runs nine centres for vocational rehabilitation. Every year some two thousand disabled persons are trained there in thirteen trades, the number of graduates amounting to ca 800.

The said centres provide for training in the field of:

— mechanics (turning, fitting, welding),
— precision mechanics (watch-making),
— electrical (radio-mechanics, electrical engineering),
— electronics (radio and T. V.),
— leather industry (shoemaking, manufacture of leather fancy goods),
— clothing industry (dress-making),
— economics,
— health service, analytical and electro-radiological techniques, therapeutic massaging, etc.

Within the framework of those centres, in the school-year 1968—1969, were seven secondary vocational schools, sixteen elementary vocational schools and 61 vocational training courses. The persons completing there elementary and secondary schools acquire skills of a technician or skilled worker. The persons completing the courses may pass-after the period of practical training — an examination to become a skilled worker, foreman or journeyman.

Most of the pupils and trainees of those establishments come from rural areas (59% in 1969).

The schools and courses discussed provide accommodation for the pupils living far from the school or centre concerned. Two of them have been set up at medical institutions (Rehabilitation Sanatoriums at Otwock and Śrem) in order to provide for the training of their patients.

The pupils and trainees of independent centres benefit from state assistance rendered to them in the form of scholarships, meal tickets, allowances for clothing and pocket money. Education and the benefits involved, medical care, lodging, laundry, school and cultural events are free of charge.

In their leisure time the trainees and pupils may attend social or youth clubs, libraries, reading rooms, meetings or special interest circles, etc. The social work of youth is organized by branches of the Socialist Youth Union, Boys Scouts and Girl Guides' Organizations, and by school selfgovernement operating at the centres discussed.

The latter also organize for their pupils summer camps, excursions, touristic and similar events.

During the 25 years' period which has elapsed since the Second World War, a total of ca 18 600 persons were trained at those centres and the schools run by them, including 900 leavers from secondary technical schools, ca 5 400 from elementary vocational schools and some 12 300 from vocational training courses.

These school-leavers are well prepared for their work which is manifested by the fact that the number of those who find employment even in the course of training exceeds 80% of the total, and the employers concerned are of a high opinion of their professional skill.

The person applying for admission to a vocational rehabilitation centre should:

— be disabled (and hold a relevant certificate issued by the respective commission for disability and employment that includes the person concerned in one of the groups of disability);

— have an elementary education certificate (applicants for admission to some schools and courses are obliged to presentsecond-

ary education certificate or a document certifying that they have completed at least nine forms);
— be 16—40 of age — if applying for admission to a vocational training course and not above 35 in the case of applicants to a vocational school.

Disabled soldiers, war victims and the disabled by work enjoy priority in obtaining employment.

The disabled send their applications for vocational training to the division for health and social welfare of the Praesidium of District People's Council which should try, first of all, to handle it within its own field of competence (i. e. to provide for the applicant's admission to the local vocational school, for his employment at an invalids' co-operative, training at a workshop, assistance in his attaining economic independence etc.). In the case when there is no such possibility, the said division forwards the documents of the case to the Praesidium of the respective Voivodship People's Council which either settles the problem or directs the applicant's records to a suitable centre for the vocational rehabilitation of the disabled.

The role of a social assistant in matters pertaining to the directing of the disabled for vocational training is very important. The point is, that it is the assistant who issues opinion on the case on the basis of social interview with the applicant. His task also consist in forwarding information to the interested persons about the possibilities of vocational rehabilitation, in rendering assistance in the matters involved, etc. Under these conditions, it is essential that the social assistant be acquainted with all the problems connected with the training of the disabled. The relevant information should be drawn by him from legislation in force and the periodicals dealing with vocational rehabilitation.

EMPLOYMENT OF THE DISABLED

In the social policy of Poland the principle has been adopted that the employment of the disabled is one of the main forms of assistance given to the handicapped person.

This principle is fully put into effect thanks to the Ordinance of the Council of Ministers, of May 5, 1967, on the planned employment of the disabled (Journal of Laws, No 20, item 88). In consonance with para 6 of the Ordinance, the health and social welfare departments of the Praesidia of People's Councils are responsible for the employment of the disabled according to their physical and mental capacity. The recommendations and contraindications concerning their employment are issued by the respective Medical Commissions for Disability and Employment.

Following the said Ordinance of the Council of Ministers a number of executive orders have been issued for the purpose of creating the best possible conditions for the employment of the disabled. In this group of legal provisions, a part of special signifiance is played by the ones issued by ministers in charge of the respective branches of the national economy and pertaining to the organization of the training and employment of the disabled and to control over the social welfare and living conditions of the handicapped employed in the organizational units subordinated to or supervised by the said ministries.

The efforts aimed at the employment of the disabled have the character of a planned activity of all plants and enterprises where there are jobs suitable for incapacitated persons. The principal part in that activity — as regards both planning and directing the disabled to work — is played by district departments for health and social welfare.

Depending on the kind of disability the disabled are directed for work to:

- ordinary work places in the jobs recognized suitable for incapacitated persons; this is the principal trend in the employment of the disabled with minor handicaps that promotes, in maximum degree, their vocational and social integration;
- invalids co-operatives, mainly intended for the employment of the severely disabled for whom additional facilities are necessary, and also for the most severely handicapped, who should be employed at sheltered workshops.

The number of the disabled employed in the national economy (apart from enterprises of the invalid's co-operative movement) is estimated at some 400 000. In order to ensure proper attention to the disabled employed, the work places, depending on their size, are obliged to appoint instructors for the disabled or a permanent factory committee for the employment and rehabilitation of the disabled. Their task is to determine jobs suitable for the disabled and to supervise their employment according to their vocational skills and in consonance with the recommendations and contraindications of the Medical Commissions for Disability and Employment. An equally important task is to deal with the social welfare and everyday problems of the disabled.

And — as regards the invalids' co-operative movement — its most essential task is, as has already been indicated, to organize employment, above all, for the disabled who because of their health, cannot work at ordinary plants and enterprises.

According to the data as of December 31, 1969, there were 418 invalids' co-operatives in this country, running a total of 3 212 plants and service enterprises.

In view of the complex character of the problems involved in the employment of the most severely disabled, the invalids' co-operative movement enjoys the support of the state that makes it possible to organize jobs necessary to implement those tasks.

In order to ensure proper care of the disabled employed at the invalids co-operatives, factory or interfactory out-patients rehabilitation clinics — enjoying the status of establishments of social health service have been organized at the said co-operatives. The co-operatives employ rehabilitation personnel whose task is to draw up programmes for the vocational rehabilitation of the disabled and to take care of its being duly put into effect. Social assistants at those co-operatives are obliged to assist the employed disabled in solving their problems also outside their work place. The well expanded system of social activity tends to popularize active rest during and after work.

The shortcoming of this scheme is, however, the still insufficiently dense network of the workshops of the invalids' co-operatives. Hence the difficulties encountered in some regions in providing employment for the most severely disabled. In such cases the competent department for health and social welfare may help the disabled to attain economic independence by purchasing for him a machine or device to enable them to earn their living. The decision on such a purchase has to be made following a detailed analysis of the situation prevailing in the place where the disabled person concerned lives.

To sum up, it should be mphasized that:

- the employment of the disabled according to their physical and mental capacities is the most effective form of assistance;
- responsibility for the employment of the disabled is borne by the district departments of health and social welfare (except for the towns enjoying the status of voivodship where that role is exercised by the corresponding voivodship departments);
- the basis of the employment of the disabled are ordinary enterprises, factories, etc.;
- the severely disabled should be employed at invalids' co-operatives, and, in the case of special indications, at sheltered workshops run by those co-operatives.

The social assistant plays a particularly important role in the above-mentioned system of services. Thanks to his thorough knowledge of the milieu concerned he may greatly improve the effectiveness of the activities of regional agencies for health and social welfare responsible for employment of the disabled, and also co-operate with the work places in order to ensure the most favourable conditions of work to the disabled.

ORDINANCE OF THE COUNCIL OF MINISTERS OF 5th MAY, 1967 ON THE PLANNED EMPLOYMENT OF THE DISABLED

By virtue of article 41 of the Decree of 25th June, 1954, on Universal Pensions for Employees and Their Families (Journal of Laws, 1958, No 23, item 97 and 1965, No 14, item 98) be it enacted as follows:

§ 1

The present Ordinance shall apply to persons included by the Medical Commission for Disability and Employment in one of the groups of disability, in consonance with article 12 of the Decree of 25th June, 1954, on Universal Pensions for Employees and Their Families (Journal of Laws 1958, No 23, item 97 and 1965, No 14, item 98) and with the regulations issued by virtue of this Decree.

§ 2

1. The competent agencies for health and social welfare of the praesidia of voivodship people's councils, or of the people's councils of towns ranking as voivodships, shall organize voivodship rehabilitation guidance centres the primary task of which shall be guidance as to the choice of suitable trade for the disabled, following the latter's examination from the viewpoint of their capacity for work.

2. The organizational principles of the voivodship rehabilitation guidance centres and of the services to be rendered by them shall be determined by the Minister of Health and Social Welfare.

§ 3

The disabled who have a trade or those who cannot work in the trade they were trained in or employed before they were incapacitated, shall benefit, depending on their state of health, educational standard and age, from the following forms of vocational training:

1) training in a given vocation or for a definite job in work places with conditions suitable for their state of health and in such vocations and operations which the disabled may perform

without a detriment to their helth and where they can attain the average labour productivity;

2) education at ordinary vocational schools, provided this is possible in view of the physical and mental capacities of the disabled concerned;
3) training at vocational rehabilitation centres unless the disabled can undergo the forms of training mentioned in points 1 and 2.

§ 4

1. The work places should provide for the vocational training of the disabled directed to them by the competent agencies of the praesidia of voivodship people's councils.

2. It is hereby made incumbent on work places to provide for the vocational training or training for a definite job of their employee who has become completely unable to work at the post which he was previously employed at. In such a case, no directing mentioned in item I shall be required.

§ 5

1. The respective health and social welfare agencies of the praesidia of voivodship people's councils (or of those of the towns ranking as voivodships) shall organize and run vocational rehabilitation centres for the disabled and shall direct to them the disabled whose state of health makes it impossible for them either to master a new trade, or to be trained for a definite job in a work place, or else to attend an ordinary vocational school.

2. The Minister of Health and Social Welfare shall determine the principles of the directing of the disabled to vocational rehabilitation centres and the detailed tasks and organization of these centres in consultation with the Minister of Education.

§ 6

1. The health and social welfare agencies of the praesidia of voivodship people's councils, co-operating with the agencies for the employment of the disabled shall be obliged to:

1) render particular assistance to the disabled able to work and to the persons who in consonance with medical recommendations should work under special conditions;
2) assist work establishments in:
    a) providing work stands for the disabled and employing them in consonance with medical recommendations;
    b) transferring the disabled, if necessary, to other work establishments if those employing them are not in a position to ensure working conditions suitable for their state of health.

2. The agencies mentioned in item 1 shall supervise in co-operation with the Medical Commissions for Disability and Employment Problems and with labour inspectors, the working conditions of the disabled and their employment.

3. The Minister of Health and Social Welfare and the Chairman of the Committee for Labour and Wages shall determine the principles of co-operation of the supervised agencies as well as the principles and procedure as regards the fulfilment of the tasks defined in item 1, and besides, in agreement with the Central Council of Trade Unions and the Social Insurance Office, of the tasks specified in item 2.

§ 7

1. The praesidia of district people's councils (or of municipal ones in county towns) and of the people's coucils of the towns ranking as voivodships, shall draw up annual plans for the employment of the disabled.

The plans shall be prepared on the basis of:

1) the number of the disabled persons registered for employment in the year preceding the one to be covered by the yearly plan, the assumed increase in the number of the disabled being also taken into consideration;
2) the number of work stands in the respective work places, considered suitable for the employment of the disabled.

2. Putting into effect the employment policy, the relevant agencies of the praesidia of the people's councils, referred to in paragraph 6, item 1, and the work places should ensure the planned employment of the disabled on the basis of all the work stands reported as suitable for them.

3. The work stands at which the disabled may be employed and where they attain the average labour productivity without a detriment to their health shall be recognized, depending on the kind of disability involved, as those suitable for employment of the disabled.

4. The principles and way of preparing plans for the employment of the disabled shall be determined by the Minister of Health and Social Welfare in consultation with the Chairman of the Committee for Labour and Wages.

§ 8

1. The respective work stands recognized as suitable for the disabled will be determined by special teams set up in work establishments by their management and composed of:

1) a representative of the technical management of the establishment concerned;
2) the head of the factory industrial health service or the physician appointed by him or a physician from another health service centre taking care of the workers of the establishment concerned;
3) a representative of a social organization affiliating pensioners and the disabled or of the pensioners' circle at the given establishment;
4) the factory instructor for the disabled;
5) a representative of the workers committee and, in co-operative enterprises, a representative of the co-operative self-government.

2. In the establishments or service enterprises the production line or the activity of which is suitable for the employment of the disabled, the work stands suitable for them shall be determined by way of the elimination of the unsuitable ones, and in other work places by selecting jobs that require neither full physicial capacity nor great strain.

3. After the stands suitable for the disabled are determined, the management of the establishment concerned shall notify the praesidium of the respective people's council (§ 7, item 1) of the number of the disabled whom it would be able to employ at definite work stands in the coming year.

4. The praesidium of the people's council shall be authorized to change the kind or number of the work stands involved upon examining the possibilities for the employment of the disabled in the given establishment.

5. The changes mentioned in item 4 shall be effected by the praesidium of the people's council upon consideration of the motions prepared by a commission set up for this purpose. The commission should be composed of the members of the team referred to in item 1, representatives of the respective agencies for health and social welfare and for employment, and also of a representative of the respective Medical Commission for Disability and Employment in a given region.

6. The praesidia of voivodship people's councils shall have the right to determine an appropriate index of employment of disabled persons — upon a motion of the praesidium of district people's councils, and those of towns ranking as voivodships, upon the motions of the praesidia of municipal people's council.

7. The index of employment referred to in item 6, shall be determined by the praesidia of people's councils in consultation with the bodies supervising the work of establishments concerned.

§ 9

1. The responsibilities of work establishments as regards the employment of the disabled shall be as follows:

1) reporting vacant positions suitable for the disabled to the competent agencies of the praesidia of people's councils;
2) employment of the disabled directed to them by the competent agencies of the praesidia ot people's councils under the conditions suitable from the viewpoint of these persons' physical capacityand skills and in conconanse with the recommendations of Medical Commissions for Disability and Employment;
3) transfering of healthy workers to other jobs, within the framework of employment plans, from work stands suitable for the disabled, in order to employ the latter at these stands;
4) to provide the employed disabled with the conditions according to the recommendations and contraindications of the Medical Commission for Disability and Employment and in consonance with the motions of the factory committee for the — employment and rehabilitation of the disabled (§ 13, item 1);
5) organization and adaptation of work stands intended for the disabled, and also providing for means aimed at the improvement of working conditions with particular consideration of appliances facilitating the work of the disabled in the technical progress plans;
6) creating of conditions that would enable the disabled workers to improve their skills;

2. The provision in item 1, point 4, shall apply to workers recognized by Medical Commissions for Disability and Employment as incapable of performing their previous job as a result of an accident at work, an occupational or another disease caused by the working conditions.

§ 10

1. Workers who have been incapacitated in the period of employment in the given work place should continue to be employed there in the same or a related line unless their state of health calls for a change of their job, the provision of paragraph 9, item 1, point 4 being duly observed.

2. The disabled who because of their state of health cannot continue to work at their previous position should be trained for another job by the employer according to the recommendations of the respective Medical Commission for Disability and Employment or of the competent industrial health service centre.

3. The provisions set forth in items 1 and 2 shall also apply to the disabled — former employees of the given establishment who

are considered fit for work by Medical Commissions for Disability and Employment.

4. If there is no possibility to employ a disabled person at a work stand suitable for his (her) state of health, the employer should appeal to the competent agency of the praesidium of people's council in order to provide for the employment of the subject in another work establishment.

§ 11

1. The employer shall be bound to provide for possibilities of employment on a part-time basis with lower pay accordingly to those disabled whose health would required this.

2. As a basis for employing the disabled on the part-time basis there shall be considered a relevant indication of the Medical Commissions for Disability and Employment Problems or a labour contract concluded between the work establishment and the disabled person concerned.

§ 12

1. Managers of the industrial plants and service enterprises employing handicapped persons shall be obliged to entrust to one of their employees the function of the instructor for the problems of the disabled and to ensure proper conditions for the implementation of his tasks.

2. The tasks of the above-mentioned instructor shall be in particular, as follows:

1) selection of jobs for the disabled;
2) putting forward of motions aimed at ensuring to the disabled suitable conditions of work and proper organization of their work stand;
3) drafting of motions concerning the improvement of the vocational skills of the disabled;
4) if necessary, taking the initiative in transfering the disabled to other more suitable jobs;
5) co-operation, in matters pertaining to the employment of the disabled, with the physician of the institution taking care of the health of the personnel in the given work place and with the labour inspector;
6) co-operation, in matters pertaining to the employment of the disabled, with the competent agencies of the praesidia of the people's councils;
7) participation in the activities of the team mentioned in paragraph 8, item 1, or in those of the factory commission for the employment and rehabilitation of the disabled (§ 13, item 1).

3. The duties of the instructor for the disabled should be included in the scope of his ordinary work. The employee entrusted with the function of the said instructor shall implement the tasks involved during the working hours provided for in his labour contract, no extra remuneration being due to him on this account.

4. In case of need, the employer shall be authorized to appoint several instructors for the disabled.

5. In case of neglect of his duties by the factory instructor for the disabled or of his implementing them in an incorrect way, the competent agency of the praesidium of the district people's council (and of the municipal one in a town ranking as a district), or of the people's council of a town enjoying the status of a voivodship, shall be under the obligation to call on the employer concerned for entrusting another person with this function.

§ 13

1. In the establishements where the personnel are covered by the network of the industrial health service and in others employing more than 500 persons, the team mentioned in paragraph 8, item 1, shall form a standing commission for the employment and rehabilitation of the disabled.

2. The tasks of the commission referred to in item 1 shall be as follows:

1) designation of jobs suitable for disabled (paragraph 8, item 1);
2) supervision of the proper employment of the disabled according to their vocational skills and with due observance of the recommendations and contraindications of the Medical Commissions for Disability and Employment;
3) initiating various forms of rehabilitation of the disabled in establishments;
4) initiating a part-time employment of those disabled whose full-time work is not possible because of their state of health;
5) coming forward with postulates concerning transfer to other jobs of healthy workers whose work stands are suitable for the disabled;
6) preventive transfering, for a definite period of time, of non-disabled persons whose further employment at their posts or the conditions under which they have been working so far would impair their health — as stated by the competent institution of social health service;
7) ensuring of an efficient system of social services for disabled workers.

§ 14

1. The establishment referred to in paragraph 13, item 1, should organize, according to the current needs and possibilities, centres (workshops) for industrial rehabilitation of both the workers who suffered from an accident or prolonged illness and, prior to undertaking regular employment, have to undergo- under the supervision of special medical and technical personnel — a process of adaptation to work and improving their skills, and of those employed in jobs particularly detrimental to their health, in whose case the medical examination pointed to the necessity of their being temporarily transferred to work under the conditions of industrial rehabilitation workshops.

2. The Chairman of the Committee for Labour and Wages, in agreement with the Minister of Health and Social Welfare, the Minister of Finance and with the Central Council of Trade Unions shall establish, by regulation, the principles of:

1) organization and management of the workshops mentioned in item 1 and of remunerating persons employed therein;

2) of directing workers to the said workshops.

§ 15

1. Invalids' co-operatives shall provide for the employment, first and foremost, of those disabled persons who, on account of their state of health, cannot be employed at ordinary establishments and under normal working conditions.

2. The respective ministers and the praesidia of people's councils shall render to the invalids co-operatives and their unions an all-round assistance in the implementation of their socio-economic plans.

3. The Minister of Health and Social Welfare and the Invalids Co-operatives Union shall lay down detailed principles concerning rehabilitation of the disabled and directives for preparation of the yearly and long-term plans for the vocational rehabilitation of the disabled within the invalids co-operative movement.

§ 16

The respective ministers shall set forth, in agreement with the Minister of Health and Social Welfare and the Chairman of the Committee for Labour and Wages, the regulations pertaining to the organization, conditions of the training and employment of and the social services for the disabled in the subordinated and supervised organizational units.

§ 17

The present Ordinance does not change the detailed provisions concerning the employment of war victims and disabled soldiers.

§ 18

The execution of the present Ordinance shall be entrusted to the interested ministers, heads of central offices, to the centras co-operative organizations and to the praesidia of people's councils.

§ 19

The present Ordinance shall come into force on the 1st of June, 1967.

Chairman of the Council of Ministers: J. Cyrankiewicz

RESOLUTION No. 90 OF THE COUNCIL OF MINISTERS OF MAY 5, 1967 ON THE DEVELOPMENT OF INVALIDS CO-OPERATIVES

In order to ensure to the disabled employed in invalids co-operatives the proper conditions for work and rehabilitation as well as the continuity of employment, and also with view to expanding the possibilities for the employment of these persons, the Council of Ministers enacts as follows:

§ 1

The present Resolution concerns the invalids co-operatives affiliated with the Association of Invalids Co-operatives.

§ 2

The Association of Invalids Co-operatives is recommended to:

1) develop the network of invalids co-operatives, particularly in the form of sheltered workshops for the blind and the disabled by phthisis, mental, neurological and other diseases, according to the programmes included in the long-term plans of the Association of Invalids Co-operatives;
2) expand the production and services of invalids co-operatives in the districts and small towns where exist groups of the disabled requiring vocational rehabilitation;
3) develop and improve the vocational training of the disabled within industry, particularly in respect of the youth;
4) expand rehabilitation facilities and equipment in co-operatives

in the form of training workshops, vocational training sections, factory boarding schools, etc., and to improve the working conditions of the disabled with particular view to improving working safety.

§ 3

1. In order to create conditions for the stabilization of the economic activity and specialization of invalids co-operatives as regards the products that can be made and the services that can be rendered by the disabled, a list (see Annex) is hereby established of the products to be made and the services to be rendered by invalids co-operatives as the main producers on the national scale.

2. The list of the products and services referred to under item 1 above can be agreed upon with the respective amalgamations of leading producers upon an application of the Association of Invalids Co-operatives and can include other products or services upon the decision of the respective Minister.

3. By virtue of paragraph 5, item 4, resolution no. 116 of the Council of Ministers of May 14, 1965, on Economic Co-operation and Co-ordination (Monitor Polski no. 33, item 178), the respective Ministers, Chairman of the Committee for Small-Scale Producers and the Councils of central associations of co-operatives will issue recommendations for the relevant amalgamations of leading producers in respect of increasing the production referred to under items 1 and 2 above in invalids co-operatives, checking this production in other socialized enterprises and shifting it to invalids co-operatives within the framework of the reorganization of industry.

4. The Association of Invalids Co-operatives will develop an appropriate organizational activity aimed at developing the production referred to under items 1 and 2 to meet the demand on the market and will provide the necessary financial assistance to invalids co-operatives in this respect.

5. The Praesidia of Voivodship People's Councils (and the People's Councils of county towns) are hereby authorized, upon an application of the respective voivodship (regional) association of invalids co-operatives, to settle on the list of the products or services of local significance which will be made or rendered by the local invalids co-operatives as the main producers within the territory of a given voivodship.

§ 4

In order to create suitable conditions for the development of long-term coproduction between key enterprises and invalids co-

-operatives, the respective Ministers will issue recommendations and gudelines for amalgamations and enterprises in their respective sectors as regards the conclusion of agreements on co-operation with nvalids co-operatives on the terms binding state-run establishments.

§ 5

The respective Ministers shall prompt amalgamations of leading producers, acting by virtue of Resolution no. 116 of the Council of Ministers of May 14, 1965, on Economic Co-operation and Co-ordination, when fulfilling their function in the fields covered by the activity of invalids co-operatives, to:

1) provide for the development of production and services in invalids co-operatives by virtue of paragraphs 3 and 4 above in long-term and annual plans as well as in the plans of production in given branches of industry;
2) provide for the full use of the production capacity of invalids co-operatives taking into consideration their specialization in given branches;
3) privilege invalids co-operatives in respect of organizational and technical assistance, particularly as regards supplying them with the superfluous machinery and equipment withdrawn from production in accordance with the relevant regulations in force.

§ 6

1. Chairman of the Committee for Small-Scale Producers shall ensure — on the basis of priority — the supply of the materials and raw materials distributed on the central level to invalids co-operatives;

2. The Praesidia of People's Councils shall — on the basis of priority — assign the materials and raw materials at their disposal as well as transport equipment made in Poland and abroad to invalids co-operatives;

3. The respective Ministers and Chairman of the Committee for Small-Scale Producers, on the basis of priority, shall ensure the supply of the necessary machinery and equipment to invalids co-operatives;

4. Chairman of the Committee for Small-Scale Producers and the respective Ministers will issue recommendations for their subordinate establishments and units to sell surplus raw materials and by-products to invalids co-operatives on the basis of priority in relation to other producers;

5. The Praesidia of People's Councils, as far as they can, shall

meet the needs of invalids co-operatives in respect of premises for shops or industrial establishments;

6. Invalids co-operatives are allowed to purchase by-products, raw materials and local materials. The respective Ministers shall determine in consultation with the Association of Invalids Co-operatives the choice, range and procedure of this purchase.

§ 7

The Praesidia of People's Councils are authorized to consign small-scale retail trade to invalids commercial co-operatives.

§ 8

Minister of Finance is authorized to grant reduced tax rates to invalids co-operatives.

§ 9

Minister of Finance is authorized to subsidize the Association of Invalids Co-operatives from the state budget up to a one-fifth of the social insurance premium of the invalids co-operatives affiliated with the Association. These subsidies shall be transmitted to a special fund destined for of the expansion the of medical, recreation and rehabilitation institutions run by invalids co-operatives. The principles and procedure in this respect shall be settled jointly by the Association of Invalids Co-operatives, Minister of Finance and Minister of Health and Social Welfare.

§ 10

In consultation with the Central Council of the Trade Unions, Minister of Health and Social Welfare and the Association of Invalids Co-operatives, Chairman of the Committee for Labour and Wages shall regulate the principles of employing selected categories of the disabled and TB convalescents in invalids co-operatives on a part-time basis.

§ 11

The Central Association of Co-operatives and the Association of Invalids Co-operatives shall draw up guidelines for annual plans of the employment of the disabled in consultation with Minister of Health and Social Welfare and Chairman of the Committee for Labour and Wages.

§ 12

1. Chairman of the Planning Commission to the Council of Ministers, within the framework of estimated investment outlays as well as construction and assembly works in group B of the

yearly investment plans, shall determine the size of these outlays and works for the Association of Invalids Co-operatives destined for the expansion or construction of sheltered workshops as well as medical-rehabilitation institutions;

2. The respective voivodship bodies taking the stock of building operations shall provide invalids co-operatives with the execution of building and assembling operations for the investments referred to under item 1 above;

3. The Praesidia of Voivodship People's Councils, the Central Association of Co-operatives and the Association of Invalids Co-operatives are bound to indicate the outlays for building and assembling operations for the investments of invalids co-operatives referred to under item 1 above in estimated investment outlays in group B in draft annual plans.

§ 13

The Praesidia of Voivodship People's Councils (People's Councils of County Towns) within the scope of their authorities in the field of the co-ordination of local economy shall:

1) provide for the realization of the provisions of the present Resolution as regards the development of the employment and rehabilitation of the disabled in invalids co-operatives within long-term and yearly plans;
2) comply with the principle of the localization of investment in the localities where there are the needs to rehabilitate and employ the disabled when giving their opinions on investment plans;
3) give priority to invalids co-operatives as regards the execution of investment works.

§ 14

Resolution no. 349 of the Council of Ministers of July 29, 1959, on the Development of Invalids Co-operatives is no longer in force.

§ 15

The execution of this Resolution is entrusted to Chairman of the Planning Commission to the Council of Ministers, Chairman of the Committee for Labour and Wages, Chairman of the Committee for Small-Scale Producers, the respective Ministers, the Praesidia of Voivodship People's Councils of County Towns), the Councils of the Central Association of Co-operatives and the Association of Invalids Co-operatives.

§ 16

The present Resolution comes into force on June 1, 1967.

President of the Council of Ministers: J. Cyrankiewicz

Annex to Resolution no.90 of the
Council of Ministers of May 5,
1967, (item 141)

LIST OF PRODUCTS TO BE MADE AND SERVICES TO BE RENDERED BY INVALIDS CO-OPERATIVES AS MAIN PRODUCERS ON THE NATIONAL SCALE

Number	Product or service
1	Christmas-tree bulbs
2	Motor-car interior bulbs
3	Christmas-tree sets
4	Stop light bulbs
5	Flexes of all kinds (assembling)
6	Flexible metal hose for motor-car and motorcycle speedometers
7	Oil filter cartridges
8	Brake cylinders for motor-car trailers
9	Bottle caps (production and assembling)
10	Nuts with a diameter of 2,3,4,5 mm. hand made)
11	Paper clips and drawing-pins of all kinds
12	Sepulchral and decorative candles
13	Plastic caps for various container for the needs of the pharmaceutic, cosmetic and other industries
14	Plastic and wooden laundering clips
15	Plastic bags for various purposes
16	Plastic, leather and textile gauntlets
17	Hospital wear and bed-clothes
18	Prophylactic footwear
19	Satchel
20	Brushes of various kind
21	Springs for bottling jars
22	Metal rings for paintbrushes
23	Rings and clips for curtains
24	Film holders
25	Cloak-room attendance
26	Property caretaking
27	Archival service (except the archives in charge of the state archival service)
28	Running car parks
29	Bill-posting
30	Fountain-pen and ball-pen repairs and service.

ORDER OF THE MINISTER OF HEALTH AND SOCIAL WELFARE OF APRIL 18, 1968 ON THE PRINCIPLES OF AND PROCEDURE IN DRAWING OUT PLANS FOR THE EMPLOYMENT OF THE DISABLED

By virtue of § 7 pass. 4 of the Order of the Council of Ministers of May 5, 1967 on planned employment of the disabled („Dz.U." — legal gazette no. 20. it 88) be it enacted, as follows:

§ 1

The paragraphs of the order referred to in the order unless otherwise specified are respective paragraphs of the order of the Council of Ministers of May 5, 1967 on planned employment of the disabled („Dz.U." no. 20, it. 88).

§ 2

The planned employment of the disabled comprises persons included in one of the groups of the disabled and able to work according to the recommendations of the medical commission for disability and employment.

§ 3

The plan of employment of the disabled is worked out every year by health and social welfare departments in consultation with the employment departments of district people's councils (municipal councils in the case of county towns) and people's councils of towns ranking as voivodships on the basis of the knowledge of:
1) needs in the employment of the disabled,
2) possibility of the employment of the disabled in local work places.

§ 4

1. When determining needs as regards the employment of the disabled in the annual plan one must take into consideration:
1) the number of the disabled, according to the division into kinds of diseases and disabilities, who applied for job in the recent report periods;
2) the number of the disabled to be employed in the year preceding the plan year, with consideration to the expected increase of the number of the disabled to be employed in the district (town) in the plan year;

2. The expected number of the disabled applying for job in the plan year should be estimated particularly on the basis of:
1) an analysis of the data concerning the increase of the number of the disabled registered for employment in the year preceding

the plan year and the increase of the number of the disabled examined by medical commissions for disability and employment for the first time, on the grounds of the decisions of these commissions sent to health and social welfare departments of the praesidia of people's councils.

2) the number of the disabled who completed special schools and vocational rehabilitation centres for the disabled;
3) the data obtained from local organizations of the disabled concerning the number of the disabled seeking jobs;
4) the expected number of the disabled registered for employment, who will not be employed by the end of the year preceding the plan year.

§ 5

1. The assessments of the possibilities to satisfy the needs in the employment of the disabled in the plan year are made on the basis of the number and kind of work stands suitable for the disabled by virtue of the provisions of § 7 pass. 3 of the order, reserved for the employment of the disabled in the plan year, and offered by places of work in accordance with § 8 pass. 3 of the order.

2. If the number and kind of work stands offered by employers do not cover the needs in the employment of the disabled in the plan year, the praesidium of the respective people's council, on the basis of the application of the health and social welfare departments, appoints a commission, referred to in paragraph 8 pass. 5 of the order, in the place of work in which the production lines or kind of the services rendered are suitable for the employment of the disabled — in order to examine possibilities to increase the number of work stands provided for the disabled in the plan year.

3. When determining additional work stands the commission referred to in pass. 2 should make use of the data from:

1) industrial health service centres (factory and interfactory medical service centres), concerning the characteristics of plants and work stands in them;
2) the health and social welfare department, obtained during inspections of working conditions and the correctness of the employment of the disabled carried out jointly with medical commissions for disability and employment, as regards prospets for the employment of the disabled in given establishments.

4. The decisions of the commission concerning additional work stands for the disabled in the plan year, agreed upon with the management of the establishment and specified in the formal record make a supplement to the previously offered and reserved work stands (pass. 1) for the plan year.

§ 6

1. Offers made by establishments concerning work stands provided for in the plan year for the disabled, referred to in para. 5 pass. 1 should be placed with the health and social welfare departments of the praesidia of respective people's councils in the form according to the pattern enclosed to the order in a half-a-year system, not later than September 30 of the year preceding the plan year.

2. On the basis of the offers made by establishments and the decisions of the commissions regarding additional vacancies for the disabled for the plan year (§ 5 pass. 4), the health and social welfare departments of the praesidia of respective people's councils in co-operation with the employment departments draw out a draft plan of the employment of the disabled for half a year, with subdivision into particular ministries.

3. The draft plan of the employment of the disabled should be presented to the praesidium of the respective people's council to make it possible for the praesidium to examine and accept it not later than November 30th of the year preceding the plan year.

§ 7

The plan of employment of invalids approved by the praesidium of the respective people's council is compulsory for establishments.

§ 8

1. The health and social welfare departments of the praesidia of respective people's councils direct the disabled for employment at the vacancies successively offered by establishments during the plan year.

2. The establishments offer vacant work stands and vocational training for the disabled on the official form "demand for workers" (symbol KP and P-Zpla), and give the particulars of the type of work and the working conditions at the offered post.

3. The establishments covered by industrial health service centres (factory and inter-factory out-patient medical service centres) use the data referred to in § 5 pass. 3 p. 1, when offering vacancies.

§ 9

The establishment is obliged to employ the disabled directed for work in accordance with the recommendations and contraindications of medical commissions for disability and employment, which are binding to establishments by virtue of § 8 of the order of the Council of Ministers of October 13, 1958, on the organization and scope of the activities of medical commissions for disability and employment („Dz.U." no. 65, it. 319).

§ 10

1. The establishment should notify the health and social welfare department of the praesidium of the respective people's council on the employment of the disabled directed by the department, using the special portion of the form used in directing for job.

2. The notice referred to in pass. 1 is the basis for the entry of a give person into the records of the employed disabled.

§ 11

The health and social welfare department draws out annual reports on the implementation of the plan of the employment of the disabled and presents them to the praesidium of the respective people's council.

§ 12

The order comes into force on the day of issue.

Minister of Health and Social Welfare: J. Sztachelski

Annex to the Order of the Minister of Health and Social Welfare of April 18, 1968 (it. 137).

....
Name of employer

....
address

....
ministry

...., the .... 19.....
place and date

Health and Social Welfare Department
Presidium of .... People's Council
in ....

VACANCIES RESERVED FOR EMPLOYMENT OF THE DISABLED IN THE YEAR ....

In accordance with the provisions of § 8 pass. 3 of the order of the Council of Ministers of May 3, 1967, on planned employment of the disabled ("Dzien. Urz." — Legal Gazette No. 20, it. 88) — we inform you that in the year .... we are able to employ or provide for the vocational training of a total of .... disabled persons at the following positions:

Kind of employment	Position (trade)	Number of work stands				Notes
		1st half year		2nd half year		
		Total	Inclusive parttime work	Total	Inclusive parttime work	
1	2	3	4	5	6	7
I. Workon contract						
II. Vocational training						
III. On a home-bound basis						
Total	*					*

*) blanks 4 and 6 are to be filled only in item I i.e. work on contract.

....

name, surname and position of the employer

....

seal

....

signature

ORDER OF THE MINISTER OF HEALTH AND SOCIAL-WELFARE AND OF CHAIRMAN OF THE COMMITTEE FOR LABOUR AND WAGES OF APRIL 18, 1968 ON THE SUPERVISION OF WORKING CONDITIONS AND CORRECTNESS OF THE EMPLOYMENT OF THE DISABLED

By virtue of § 6 pass. 3 of the order of the Council of Ministers of May 5, 1967, on the planned employment of the disabled („Dz.U." — legal gazette No. 20, it. 88) be it enacted, as follows:

§ 1

1. The health and social welfare departments of the praesidia of district (county towns and districts of towns ranking as voivodships) people' councils exercise the supervision of the working conditions and correctness of the employment of the disabled — in co-operation with the respective local medical commission for the disability and employment.

2. If necessary, also representatives of the employment department of the praesidium of the respective people's council, of the provincial guidance centre for vocational rehabilitation and the respective labour inspector can participate in the inspection referred to in pass. 1 above.

§ 2

The inspection referred to in § 1, pass. 1 is to find out whether the disabled employed in a given establishment work at the posts corresponding to medical recommendations and whether the working conditions are suitable to health state of the employed disabled.

§ 3

In order to ensure an effective inspection it should be carried out with the participation of a representative of the technical management of the establishment, a physician of the respective industrial health service centre and the factory instructor for the disabled.

§ 4

1. The organs referred to in § 1 pass. 1 draw out an officia record of the inspection.

2. In case of the employment of the disabled at an inadequate work stand or the working conditions that may worsen the health

of the employed disabled, the recommendations concerning the elimination of the shortcomings and the date of their implementation, accepted by the representative of the employer, should be put in the official record of the inspection.

3. The employer receives one copy of the record including the recommendations for information and execution.

§ 5

If the recommendations included in the record of the inspection are not executed in due time, the organ that has drawn out the record notifies of this fact the superior authority of the employer in order to achieve the execution of the recommendations, and at the same time sends a copy of this notification to the health and social welfare department of the praesidium of the respective provincial people's council (people's council of the town ranking as voivodship) and to the respective labour inspector.

§ 6

During the inspection, the organs referred to in § 1 should salta heemployer in establishing work stands suitable for the dissdtiebs and investigate further possibilities of employment of the disabled in the establishments under inspection.

§ 7

1. The health and social welfare departments of the praesidia of voivodship people's councils (poeple's councils of towns ranking as voivodships) and the respective local branch office of the State Social Insurence jointly work out quarterly plans of inspections.

2. The organs referred to in pass. 1 co-operate with voivodship labour inspectors of provincial commissions of the Trade Unions as regards the co-ordination of the activities of labour inspectors in a given voivodship, in respect of the inspection of the working conditions and proper employment of the disabled.

§ 8

The order comes into force on the day of issue.

Minister of Health and Social Welfare: J. Sztachelski
Chairman of the Committee for Labour and Wages: A. Burski

ORDER OF THE MINISTER OF HEALTH AND SOCIAL WELFARE AND OF THE CHAIRMAN OF THE COMMITTEE FOR LABOUR AND WAGES OF APRIL 18, 1968 — ON THE CO-OPERATION OF HEALTH AND SOCIAL WELFARE DEPARTMENTS OF THE PRAESIDIA OF PEOPLE'S COUNCILS WITH EACH OTHER

By virtue of § 6 pass. 3 of the decision of the Council of Ministers of May 5, 1967, on the planned employment of the disabled („Dz.U." — legal gazette No. 20, it. 88) be it enacted, as follows:

§ 1

The terms "health and social welfare departments" and "departments of employment" used in the order are for health and social welfare departments and employment departments of the praesidia of district and town (county towns) people's councils and the praesidia of the people's councils of towns ranking as voivodships.

§ 2

Health and social welfare departments co-operating with employment departments give their assistance as regards employment to:

1) persons included in one of the disability groups who preserved ability to work according to the recommendations of medical commissions for disability and employment;
2) non-disabled persons who according to the regulations in force, should be employed in definite working conditions according to medical recommendations.

§ 3

1. Health and social welfare departments direct the disabled to vacancies offered by employers.

2. In the case of lack of suitable candidates for work from among the disabled awaiting employment, health and social welfare departments in consultation with employment departments and according to the situation on the labour market may offer employment to those disabled who have not applied for the job and have been included in the records of the unemployed disabled, on the basis of the decisions of medical commissions for disability and employment.

3. The posts mentioned in the pass. 1 may also be offered to the persons referred to in § 2 p. 2.

§ 4

Not later then 15 days from the day the application was received, health and social welfare departments send to departments of employment, the information concerning —

1) the positions that are vacant and suitable for the persons referred to in § 2,
2) the vacancies at invalid co-operatives that are not suitable for the disabled.

§ 5

1. If necessary, departments of employment in consultation with health and social welfare departments make a survey of the vacancies offered to departments of employment. If these positions are suitable for the disabled waiting for employment, departments of employment make them available to health and social welfare departments.

2. If the employer calls for non-disabled workers to be employed at the positions suitable for the disabled, the department of employment should help to health and social welfare department in filling these posts with the disabled in case the negative estimation of this requirement is justified.

3. Principles of the co-operation referred to in pass. 1 and 2 are applicable to positions suitable for the persons referred to in § 2 p. 2.

§ 6

When co-operating with departments of employment health and social welfare departments should use all the offered work stands suitable for those persons for the employment of the persons referred to in § 2.

§ 7

1. Health and social welfare dertmentss epupervise the implementation of the plan for the employment of the disabled at places of work and issue respective recommendations in this regard.

2. Employment departments in case of need and as far as possible assist health and social welfare departments in fulfilling the tasks referred to in pass. 1.

3. If the employer without sufficient justification refuses to employ the disabled directed to the posts destined in the plan of employment for the disabled, the department of employment following the motion of the health and social welfare department ceases to direct non-disabled to these posts.

§ 8

Health and social welfare departments co-operating in case of need with departments of employment assist places of work in the fulfilment of their tasks as regards the employment of invalids, in particular in:

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1) establishing work stands suitable for the disabled by means of an active participation of the departments in the work of the commission referred to in § 8 pass. 5 of the order of the Council of Ministers of May 5, 1967, on the planned employment of the disabled („Dz.U." — legal gazette No. 20, it. 88),
2) shifting non-disabled workers from the posts suitable for the disabled within the scope of the plan of employment,
3) shifting, if necessary, those disabled to other establishments who owing to their health state cannot be employed in the given establishment any longer. Such a change can be moved by the employer, after the health and social welfare department finds that the employer has made every effort accotding to the regulations of § 9 pass. 1 m. 3 and 5, and § 10 pass. 2 of the Order of the Council of Ministers of May 5, 1967, on the planned employment of the disabled.

§ 9

1. On the basis of an analysis of the needs in the field of the employment of the disabled and the possibility of satisfying these needs, health and social welfare departments should initiate and make steps aimed at the improvement of this employment through:
1) initiating the development of the network of production establishements service workshops under the authority of the praesidia of people's councils in the areas inhabited by a large number of the disabled,
2) making steps aimed at the subordinating of those co-operatives to health and social welfare departments in respect of labour exchange that have a larger number of positions suitable for the employment of the disabled.

2. Departments of employment should assist health and social welfare departments in the fulfilment of their tasks referred to in pass. 1.

§ 10

In order to improve the co-operation of health and social welfare departments with departments of employment of the praesidia of district and municipal (in county towns) people's councils, if necessary the departments involved should:
1) organize joint conferences devoted to the questions of the employment of the disabled and persons who according to medical recommendations of physicians should be employed in definite working conditions;
2) send representatives to meetings and conferences on the vocational training and employment of the disabled and other persons without full ability to work organized by the departments of

health and social welfare of the respective praesidia of people's councils;

3) initiate joint sessions with the management of selected establishments to increase the number of the disabled employed in these establishments;

4) participate in the activities referred to in § 9 pass. 1 p. 1, and co-operate with the interested organs of the praesidia of people's councils and establishments as regards the economic development of a given region;

5) to give opinion on the applications concerning the activities referred to in § 9, pass. 1, point 2, and present them for approval to the praesidia of voivodship people's councils;

6) consult each other as regards the questions concerning the improvement of the activity of subordinate departments in respect of the employment of the disabled and persons who should be employed in definite working conditions according to medical recommendations.

§ 11

Health and social welfare departments and departments of employment of the praesidia of voivodship people's councils, within the framework of their supervision over the health and social welfare departments and the employment departments of the praesidia of district and municipal (in county towns) people's councils, should pay a special attention that the principles of co-operation determined in the present regulation be observed.

§ 12

Health and social welfare departments of the praesidia of voivodship people's councils (people'scouncils of towns ranking as voivodships, shall send a copy of the annual report binding in the employment of the disabled to the employment departments of the praesidia of voivodship people's councils (people's councils of towns ranking as voivodship).

§ 13

The instruction of the Minister of Health and Social Welfare and the Chairman of the Committee for Labour and Wages of January 5th, 1961, on co-operation between health and social welfare departments and the employment departments of the praesidia of people's councils (,,Monitor Polski,, — legal gazette No.8, it. 46) is hereby invalidated.

§ 14

The present order comes into force on the day of issue.

Minister of Health and Social Welfare: J. Sztachelski

Chairman of the Committee for Labour and Wages: A. Burski

ORDER No. 52/68 OF THE MINISTER OF THE LIGHT INDUSTRY, OF APRIL 10, 1968, — ON THE EMPLOYMENT OF AND SOCIAL WELFARE FOR THE DISABLED IN ENTERPRISES OF THE LIGHT INDUSTRY

By virtue of § 16 of the Order of the Council of Ministers of May 5, 1967, on the planned employment of the disabled („Dz.U." — legal gazette No. 20, it. 88) be it enacted, as follows:

§ 1

The employees referred to in the present Order are either those employed at present or those who as a result of their disability gave up work and then apply for re-employment since their working capacity has been restored completely or partially.

§ 2

Directors of enterprises shall be responsible for the employment of the disabled with priority to the disabled of their own enterprise.

§ 3

1. The disabled shall be employed in accordance with their skills at the posts corresponding to their health state according to the recommendations and contraindications of Medical Commissions for Disability and Employment.

2. In order to properly employ the disabled enterprises should consult industrial health service centres as regards the proper selection of job for the disabled.

3. If necessary, non-disabled workers should be moved to other jobs, if the disabled can work at these stands and achieve the average production capacity.

§ 4

The employed disabled shall be subject to special care, in particular their working conditions should enable them to improve their skills.

§ 5

1. The employees disabled at work if their health state does not entail a change of trade should be employed by the same enterprise at their former or a similar position in line with the provisions of § 3 pass. 1.

2. The invalids who owing to their health state cannot resume work at their previous position should be prepared for another job at the enterprise according to the recommendations of the medical commissions for disability and employment or of the respective industrial health service centre.

3. The provisions of pass. 1 and 2 are applicable to those employees of the enterprise who in accordance with the decision of the medical commission for disability and employment are able to work, and also to those who should change their job as a result of medical examinations.

4. In the case of the lack of suitable jobs for the disabled as regards their health state, the competent authorities shall apply to the respective health and social welfare department of the praesidia of people's councils in order to ensure them a suitable job in another establishment.

§ 6

1. Enterprises shall keep in contact with the respective praesidia of people's councils as regards the vocational training and employment of the disabled.

2. The disabled directed for work by the health and social welfare departments of the praesidia of people's councils should be employed possibly without delay.

§ 7

Enterprises are obliged to closely observe the regulations on the planned employment of the disabled, in particular to:

1) establish work stands suitable for the disabled in accordance with the piovisions of § 1 referred toin the introduction to the Order of the Council of Ministers;
2) notify the respective health and social welfare departments of praesidium of people's council of the number and kind of the work stands suitable for the disabled that will be available to the disabled in the following year;
3) implement the plans of the employment of invalids drawn out by the respective praesidia of people's councils.

§ 8

Directors of enterprises are obliged to:

1) organize various forms of the vocational rehabilitation of the

disabled, in particular to train them on the job in order to prepare them for work in accordance with their health state and to improve their skills;

2) organize and adjust the work stands for the disabled with particular regard to the adjustment of devices facilitating the disabled's work.

§ 9

1. Directors of the enterprises employing the disabled shals appoint:

1) factory instructor or instructors for the disabled, whose dutiel are defined in § 12 of the order of the Council of Ministers cited in the introduction;
2) permanent factory commissions for the employment and rehabilitation of the disabled with the responsibility defined in § 13 of the Order of the Council of Ministers referred to in the introduction — at the enterprises, where the workers are comprised by the industrial health service and in other enterprises employing over 500 workers.

2. Factory instructors for the disabled should be appointed experienced workers active and interested in social welfare.

3. The factory instructor for the disabled performs his tasks during his working hours on no extra payment. In this connection his activities should be arranged so that he night reconcile his duties as the instructor with those of an employee during his working hours.

4. It is recommended that factory instructors for the disabled should be awarded bonuses according to the effectivnees of their activity as regards the vocational training of the disabled.

5. Proper conditions should be created to enable the factory instructor for the disabled and the members of the factory commission for the employment and rehabilitation of the disabled to perform their tasks.

6. Director of the enterprise should ensure a punctual and effective examination of the motions presented by the factory instructor for disability and the factory commission for the employment and rehabilitation of the disabled and concerning their vocational training, employment and social and living questions.

§ 10

1. The enterprises referred to in § 9 pass. 1 p. 2 should, in case of need and within their possibilities, organize and run centres or workshops for the industrial rehabilitation of the workers who as a result of an accident or prolonged disease require training

under the supervision of special medical and technical staff before resuming a permanent job. Also the employees working in unwholesome conditions who, according to medical recommendations, should temporarily work in the conditions of industrial rehabilitation should benefit from the services rendered by these centres.

2. The principles of the organization and management of the rehabilitation centres (workshops) referred to above and the principles of the remuneration of their personnel will be determined by separate regulations.

§ 11

1. Enterprises in consultation with factory committees are obliged to ensure a particular social welfare to the employed disabled including:

1) permanent medical services and priority in medical examinations carried out from the viewpoint of the effect of working conditions on the health state of the disabled and on the correctness of their employment;
2) the most advantageous working conditions according to the disabled's health state and in line with the principles of work safety;
3) priority to benefit from workers' holidays and sanatoria;
4) transportation means to /from work, according to the existing needs and possibilities.

Enterprises shall also ensure, as far as possible, priority for the employed disabled, in particular for women, as regards:

1) admission to summer camps and play centres as well as nurseries, nursery schools, etc. for their children;
2) admission to holiday centres for their families;
3) access to workers' canteens for their families.

§ 12

Order No. 99 of Minister of the Light Industry of April 19, 1951, on the employment of invalids is hereby invalidated.

§ 13

The Order comes into force on the day of signing.

Minister of Health
and Social Welfare
(—) *J. Sztachelski*

Minister

(—) *T. Kunicki M.sc.*

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CIRKULAR NO. 34 OF THE PRESIDENT OF THE COUNCIL OF THE ASSOCIATION OF INVALIDS CO-OPERATIVES OF NOVEMBER 12, 1968 — ON THE ANNOUNCEMENT OF THE UNIFORM TEXT OF RESOLUTION NO.28 OF THE COUNCIL OF THE ASSOCIATION OF INVALIDS CO-OPERATIVES OF JULY 15, 1965

According to paragraph 3 of resolution No. 49 of the Council of the Association of Invalids Co-operatives of August 2, 1968, making amendments to the resolution of the principles of the organization of sheltered workshops at invalids co-operatives, I herewith announce the uniform text [illegible]solution No. 28 of the Council of the Association of Invalids Co-operatives of July 15, 1965, on the principles of the organization of sheltered workshops at invalids co-operatives (Inf. ZSI No. [illegible], item 24), taking into consideration the amendments provided for by resolution No. 49 of the Council of the Association of Invalids Co-opetatives of August 2, 1968, and preserving the sequence of paragraphs, sections and items.

J. Kochanowski
Vice President
of the Council of the Association
of Invalids Co-operatives

Annex to circular No. 34 of the Council of the Association of Invalids Co-operatives of November 12, 1968.

RESOLUTION NO. 28 OF THE COUNCIL OF THE ASSOCIATION OF INVALIDS CO-OPERATIVES OF JULY 15, 1965 — ON THE PRINCIPLES OF THE ORGANIZATION OF SHELTERED WORKSHOPS AT INVALIDS CO-OPERATIVES*)

In order to unify the principles of the organization of sheltered workshops, the Council of the Association of Invalids Co-operatives in consultation with the Ministry of Health and Social Welfare enacts, as follows:

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*) The uniform text taking into consideration the amendments provided for by resolution No. 49 of the Council of the AIC of August 2, 1968.

§ 1

A sheltered workshop is a workshop or service workshop employing the disabled with markedly reduced physical or mental capacity preventing them from employment at regular establishments and under normal working conditions who fulfil their economic tasks within the framework of special norms for them under continuous supervision of medical and rehabilitation experts and under the working conditions adjusted to their diseases or disability.

§ 2

1. Sheltered workshops can be organized by co-operatives in the form of:

1) an entire special establishment;
2) a selected workshop of an establishment run by a given co-operative;
3) a selected probation unit;
4) an occupational therapy unit at an institution run by the public health service or welfare organization.

2. Homebound employment can be considered a form of sheltered employment under definite conditions.

3. The name "sheltered workshop" used in the following paragraphs refers to each of the organizational forms mentioned under item 1, paragraph 2, above.

§ 3

1. Sheltered workshops employ the disabled referred to in paragraph 1 and included by the Medical Commission for Disability and Employment (KIZ) into one of the disability groups and referred for employment to these workshops by the Department of Health and Social Welfare at the Praesidium of the respective People's Council in accordance with the recommendations and contra indications concerning working conditions set out in the certificate of the Medical Commission and in the opinion of the respective special consultation clinic.

2. The disabled can be employed by sheltered workshops on a temporary or permanent basis.

3. The aim of temporary employment is to prepare the disabled for work under normal working conditions. If the disabled after temporary employment are not qualified to continue their work at the sheltered workshop, the co-operative is obliged to secure them jobs at another establishment or workshop it runs.

4. The system of permanent employment at sheltered workshop should comprise those handicapped persons who can achieve good results of their work only under the conditions provided

by sheltered employment. The decision on permanent employment is taken by the Board of the Co-operative on the basis of the certificate issued by the house-physician and in consultation with the rehabilitation service group and with the vocational rehabilitation guidance centre. The decisions on the permanent employment of TB patients, convalescents after TB and the disabled by TB as well as of the mentally ill and those with profound mental handicap must be accepted by the respective special consultation clinic by the public health service. Only those disabled persons who according to the opinion of the Medical Commission for Disability and Employment are chronically handicapped should be qualified for job at sheltered workshops on a permanent basis.

§ 4

1. Invalids co-operatives organize sheltered workshops for the following disabled persons:

1) TB patients, convalescents after TB and the disabled by TB;
2) mentally ill;
3) persons with profound mental handicap;
4) the blind;
5) the deaf with additional handicap;
6) the disabled with severe locomotor handicap (amputations, paresis, paralysis, deformation stiffness caused by rheumatism, paraplegia, etc.).

2. The diseases or handicaps referred to under item 1 above are considered basic.

3. Sheltered workshops should be organized for the disabbled referred to under item 1 above:

1) with homogenous disabilities or basic diseases and, if there are no contraindications, with diseases with similar symptoms;
2) with various diseases and disabilities, when there are no medical contraindications; if the establishment as a whole is a sheltered workshop, it can run a number of workshops for the disabled with various basic handicaps.

§ 5

1. Sheltered workshops employ:

1) the disabled with basic disease who should make up at least 50 per cent of the total number of the employees, except textile workshops for the blind where the corresponding index is 40 per cent;
2) the disabled by other diseases who should make up a complement up to 75 per cent;

3) non-disabled persons the number of whom is justified by technological reasons and makes up a complement to 100 per cent of the total personnel.

2. The persons referred to under point 4, item 1, paragraph 2, who work at sheltered workshops should be treated as homebound casual labourers, i. e. those not indicated in the records.

§ 6

The total number of the workers making up the basis for the calculation of the index of the statutory employment of the disabled does not include the following medical and rehabilitation staff of sheltered workshops who are mentioned under item 1 paragraph 4:

— physicians;
— nurses;
— psychologists;
— social assistants;
— readers;
— physical training instructors.

§ 7

1. The organization of sheltered workshops is one of the basic tasks of invalids co-operatives.

2. Invalids co-operatives organize sheltered workshops on their own initiative or on the initiative of the special consultation clinic and the vocational rehabilitation guidance centre or the local Association of Invalid Co-operatives.

3. The co-operative is bound to consult the purposefulness of the planned sheltered workshop with the Department of Health and Social Welfare of the Praesidium of People's Council at the district level and with the respective special consultation clinic.

4. The dcision of the Board of the Co-operative on the organization of sheltered workshops should be approved by the Board of the respective local association in consultation with the Department of Health and Social Welfare of the Praesidium of People's Council at the provincial level.

5. A sheltered workshop can be established on conditions that:

1) the number of the disabled with a basic disability or disease living in a given area and qualified to work on a sheltered employment basis by the institutions referred to under items 2 and 3 is at least 15;
2) the proper working conditions of sheltered workshops are secured by:

a) suitable accommodations for production and social facilities, machinery as well as production and services;
b) medical and rehabilitation care;

3) relevant documentary evidence is supplied for the above-mentioned conditions (points 1 and 2)

6. Sheltered workshops fulfil their tasks through:
- the employment of the disabled referred to in paragraph 1;
- suitable choice of the kind of production or services;
- individual placement of the disabled at work;
- adjustment of the organization of work, technology and working conditions to a given kind of disease or disability;
- proper organization of rest during and after work;
- taking continuous care of the disabled by means of the rehabilitation service the scope of work, working hours and personal composition of which are set forth by separate regulations;
- use of special norms in definite cases and under definite circumstances;
- organization of on-the-job and up-grading training according to the guidelines set forth by detailed regulations.

7. The tasks referred to under item 6 above should be fulfilled in compliance with the programme of the vocational rehabilitation of the disabled employed by sheltered workshops. The programme should be worked out by the rehabilitation service for both the group of employees as a whole and for individual cases and must be approved by the Board of the Co-operative. Chief of the rehabilitation service and chief engineer are responsible for the implementation of such a programme according to their duties.

When the arrangements for the organization of a shelterea workshop are completed, the Co-operative applies to the Board of the local Association for setting up a commission to find out whether the workshop fulfils the conditions set forth in the guidelines of the AIC Council in respect of the organization of sheltered workshops.

§ 9

1. The Commission refered to under paragraph 8 above should comprise at least:

A. Representatives of the local Association:.
   a) representative of the Board;
   b) representative of the rehabilitation service;
   c) expert technician;
   d) the designer of the workshop.

B. Representatives of the Praesidium of the Voivodship People's Council and other bodies:

a) representative of the Department of Health and Social Welfare (the unit of rehabilitation of the disabled);

b) representative of the relevant special consultation clinic;

c) technical inspector of work for production co-operatives, representing the Voivodship Committee of the Trade Unions.

The Cimmission acts in the presence of:

a) Chairman or member of the Board of the Co-operative;

b) representative of the production department of the Co-operative;

c) representative of the medical and rehabilitation service of the Co-operative.

2. The Commission is appointed by the local Association. Members of the Commission are paid in accordance with the regulations in force for their participation in its sessions.

3. If necessary, the Commission has the right to consult specialists.

4. On the basis of the official record of the Commission, the Co-operative organizing the sheltered workshop receives a "certificate" from the local Association authorizing the Co-operative to run this workshop as a sheltered workshop. The validity of the certificate expires in two years, when it should be prolonged by the Commission.

5. The expert opinion of the Commission which is the basis for recognizing a given workshop to be a sheltered workshop can include recommendationa as to the elimination of the existing shortcomings at three months' notice.

§ 10

1. The local Association of Invalids Co-operatives can recommend invalids co-operatives to organize special selected probation units on the basis of the opinion of the respective vocational rehabilitation guidance centre.

2. Co-operatives can also organize occupational therapy units at institutions run by the health service or organization for social aid.

3. Decisions concerning the organization of the units referred to under items 1 and above are taken by the local Association of Invalids Co-operatives in consultation with the Department of Health and Social Welfare at the voivodship level.

4. The organization procedure and the running of the units referred to under items 1 and 2 above are set forth by separate regulations.

§ 11

1. The disabled can be employed on a part-time basis, if it is recommended by the respective Medical Commission for Disability and Employment. These recommendations are binding for the sheltered workshop.

2. Rehabilitation clinics existing at invalid co-operatives can decide on part-time employment for 90 days.

§ 12

1. The workers of sheltered workshops can be paid by the job or according to wage or wage-plus-bonus systems as it is obligatory in a given industry.

2. It is recommended to apply incentives in remuneration in order to increase the disabled's interest in his work and production output provided that these incentives can by no means result in a deterioration of the disabled's health.

§ 13

The decision concerning the number of working hours and the use of a given remuneration system (see paragraph 12 above) is taken on the basis of the recommendation of the medical and rehabilitation service, in compliance with the guidelines of the Council of the Association of Invalids Co-operatives and the legal regulations in force.

§ 14

Sheltered workshops should observe the principles of the organization and standardization of work as well as of the establishment of special standards of work by the bodies for working standards at the co-operatives affiliated with the Association of Invalids Co-operatives.

§ 15

1. The co-operatives running sheltered workshops are given financial assistance in the form of:

1) reduced taxes provided for by resolutions of the Council of Ministers and orders of the Minister of Finance;
2) subsidies granted on the basis of decisions taken by the Boards of local Associations and by the Association of Invalids Co-operatives.

2. Financial aid to sheltered workshops is destined for the coverage of the additional expenses connected with the running of the sheltered workshop.

2. A voivodship out-patient department for rehabilitation being an independent unit can, in addition to the divisions mentioned under item 1 above, include the following sections:
1) department for finance; and
2) department for administration and supplies.

§ 3

1. The exemplary statute of a voivodship out-patient department for rehabilitation which is an independent organizational and budgetary unit is hereby laid down (see the Annex);

2. The voivodship out-patient department for rehabilitation is given the statute by the respective Department of Health and Social Welfare of the Praesidium of a Voivodship (Municipal in county towns) People's Council to which the out-patient department is subordinated.

§ 4

The statute of a voivodship out-patient department for rehabilitation that is a part of the complex of voivodship specialized out-patient departments is determined on the basis of the regulations concerning the exemplary statute of the complex of voivodship out-patient departments taking into consideration the provisions of the present enactment.

§ 5

The detailed scope of the activity of the units referred to under paragraph 2 above is determined by the respective annexes to the exemplary statute of a voivodship out-patient department for rehabilitation.

§ 6

1. In determining a statute for a voivodship out-patient department for rehabilitation on should adjust the organizational structure of the department and the tasks of its organizational units to the local needs and conditions;

2. In particular, the tasks of the medical rehabilitation out-patient department should not include those services that are already rendered by the other units of the health service, e. g. voivodship or municipal hospitals, clinics, etc.

§ 7

1. The department operates within the area of a given voivodship;

2. The department can also operate in county towns in this voivodship on the basis of a joint decision of the Praesidium of the

Voivodship People's Council and the Praesidium of the People's Council of the respective county town.

§ 8

1. The statute of the voivodship out-patient department for rehabilitation should be made known to:

1) the personnel of the department;
2) to the units of the socialized health service on the voivodship level;
3) district, municipal and regional health centres and industrial health centres;
4) respective organs of the health service;

2. On the basis of the statute, the head of the voivodship out-patient department for rehabilitation compiles a list of the organizational units that are to render indyvidual services in medical or vocational rehabilitation and appoints working hours for these units.

The list should be posted up in a visible place at the department.

§ 9

The voivodship out-patient department for rehabilitation takes over the tasks fulfilled by the former voivodship medical rehabilitation consultation clinic and the voivodship orthopaedic supplies centre.

§ 10

The present enactment comes into force on the day of its announcement.

for the Minister of Health and Social Welfare
J. Grenda

Annex to the enactment of the
Minister of Health and Social
Welfare of December 31, 1970

EXEMPLARY STATUTE OF VOIVODSHIP OUT-PATIENT DEPARTMENT FOR REHABILITATION

§ 1

The Voivodship Out-patient Department for Rehabilitation, called the Department further on, operates on the basis of:

1) to collect and survey the data concerning needsin rehabilitation and to work out guidelines as regards the trends and programmes of its development within the area of the Department's activity;
2) to determine the needs for expert personnel and in respect of the distribution of rehabilitation centres;
3) to exercise expert supervision over the organization and activity of socialized health service centres in respect of rehabilitation and physical therapy in co-operation with the other organizational units of the Department;
4) to work out guidelines concerning the methods and organization of work in respect of rehabilitation as well as the popularization of health education and the prevention of disability within the area of the Department's activity;
5) to work out recommendations concerning the improvement of the Department's work and organization;
6) to organize and run the training of the personnel dealing with rehabilitation and physical therapy;
7) to collect, work out and analyse statystical material in the field of rehabilitation activity within the area of the Department's activity;
8) to work out plans of the Department's work and reports on its basic activity;
9) to co-operate with the organs and institutions dealing with rehabilitation activity.

Annex No. 2

RULES OF PROCEDURE OF MEDICAL REHABILITATION OUT-PATIENT DEPARTMENT

The task of the medical rehabilitation out-patient department is in particular:

1) to render consulting services to health service centres for rehabilitation and to the persons referred by these centres;
2) to render individual medical services to the persons referred to under paragraph 3, items 3 and 4 of the statute;
3) to move for medical rehabilitation treatment at hospital service centres and at health resorts;
4) to pronounce its opinion on the problems connected with the obligatory education of children and youth with locomotor diseases;

5) on the basis of medical examinations, to assess the ability to take a job or undergo vocational training in respect of the persons under the care of the Department or directed to it for this purpose by other health service centres;
6) to co-operate with medical commissions for disability and employment;
7) to co-operate with the health service centres providing medical rehabilitation services.

Annex No. 3

RULES OF PROCEDURE OF OUT-PATIENT DEPARTMENT FOR PHYSICAL THERAPY

The task of the out-patient department for physical therapy is in particular:

1) to render consulting services to health service centres for physical therapy as regards methods of work and organization;
2) to render individual services in physical therapy to the persons under the care of the Department.

Annex No. 4

RULES OF PROCEDURE OF DEPARTMENT FOR ORTHOPAEDIC APPLIANCES

1. The task of the department for orthopaedic appliances is in particular:

1) to determine the needs of population in respect of orthopaedic supplies;
2) to decide on the necessity to provide orthopaedic appliances for the persons under the care of the department or referred to it by other health service centres, and also to determine the kind of the appliances needed and the urgency of their execution;
3) to grant orthopaedic appliances to the persons referred to under item 2) above;
4) to order orthopaedic appliances and to take care of their punctual execution;

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Annex No. 8

RULES OF PROCEDURE OF DEPARTMENT FOR FINANCE

The task of the department for finance is in particular:

1) to work out draft economic plans and budget estimates;
2) to prepare financial and descriptive reports concerning economic plans and budgets, and also to make up balance-sheets and analyses;
3) to keep the accounts;
4) to keep the cash, to run the payment department and to check vouchers and bills in every respect;
5) to execute the planned budget estimates and to control this execution on the basis of the principles of the proper and economical management;
6) to check the pay-roll and the wage-fund;
7) to supervise the accountancy of the other organizational units of the Department;
8) to vindicate current and former dues;
9) to take care of the proper use and distribution of printed forms used in book-keeping;
10) to square up mutual accounts with the bank and to control the state of credits;
11) to clear advancements for travelling costs and petty charges;
12) to keep archives.

Annex No. 9

RULES OF PROCEDURE OF DEPARTMENT FOR ADMINISTRATION AND SUPPLIES

The task of the department for administration and supplies is in particular:

1) to supply the necessary equipment, apparatus and the other indispensable means for the Department;
2) to ensure the appropriate working conditions for the Department (lighting, heating, maintenance and cleannes);
3) to keep the personal records of the staff of the Department and to make up pay-rolls;
4) to take stock and to keep stock-books;
5) to organize and supervise maintenance, repairs and investments;

6) to keep the records of materials as well as undurable objects and articles and to superintend the store-room of the Department;
7) to superintend the work of the technical sector of the Department;
8) to safeguard the buildings of the Department and to protect them against fire.

ORDINANCE OF THE MINISTER OF HEALTH AND SOCIAL WELFARE OF APRIL 19, 1971 — ON REHABILITATION AND EMPLOYMENT OF THE DISABLED WITHIN THE ORGANIZATIONAL FRAMEWORK OF INVALIDS CO-OPERATIVES

By virtue of paragraph 15 item 3 of the decree of the Council of Ministers of May 5, 1967, on the planned employment of the disabled (Dz.U. No. 20, item 88 — Journal of Laws) and in connection with paragraph 1 item 2 point 10 of enactment No. 23 of the President of the Council of Ministers of March 14, on the scope of the activity of Minister of Health and Social Welfare as regards interdepartmental co-ordination (Monitor Polski No. 9, item 77) be it enacted, as follows:

§ 1

Invalids co-operatives fulfil their socio-economic duties within the framework of the state programme of rehabilitation of the disabled particularly as regards:

1) the employment of and the organization of work stands for those disabled persons who owing to their state of health cannot be employed in the establishments and under the working conditions for healthy people;
2) the organization of appropriate forms of vocational training for the disabled employed by invalids co-operatives;
3) the organization of employment for severely handicapped persons at sheltered workshops, in particular for the blind, the disabled by mental diseases, mental retardation and phthisis;
4) the organization of employment for the disabled on a homebound basis
5) the organization of vocational counselling;
6) the organization of factory and interdepartmental rehabilitation clinics, sanatoriums and recreation centres;

and rehabilitation care under the conditions adjusted to their disease or disability, in particular for:

1) the blind,
2) the disabled by phthisis,
3) the deaf with additional handicap,
4) the mentally ill,
5) epileptics,
6) the mentally handicapped,
7) the disabled with severe locomotor disorders, particularly for paraplegica and the disabled by rheumatism.

2. The detailed principles of the organization of sheltered workshops for particulas groups of disabilities are set forth in separate regulations.

3. The disabled can be employed in a sheltered workshop or at a sheltered work post exclusively upon an application of the factory or interdepartmental rehabilitation clinic on the basis of a certificate issued by the respective medical commission for disability and employment or by the voivodship specialized clinic.

§ 7

1. Invalids co-operatives organize employment on a homebound basic for those disabled persons who cannot work at regular establishments owing to their state of health.

2. Also the disabled for whom there is no suitable job at regular establishments or who have to look after children can be employed on a homebound basis.

§ 8

1. Invalids co-operatives organize and run factory or interdepartmental rehabilitation clinics that provide medical rehabilitation, render medical services and participate in running vocational rehabilitation.

2. The principles of the activity of the clinics referred to under item 1 above are set forth in separate regulations.

§ 9

1. Voivodship (regional) Associations of Invalids Co-operatives organize and run rehabilitation consultation clinics that:

1) exercise supervision over rehabilitation activity and vocational counselling in invalids co-operatives;
2) work out guidelines for the development of preventive and rehabilitation activity in co-operatives;
3) render individual services to the disabled in complicated cases, assess the existing physical and mental capacity of the disabled

and determine or judge individual programmes of medical and vocational rehabilitation;

4) evaluate the production and investment activity of co-operatives as well as the organization of working conditions from the viewpoint of the realization of tasks as regards rehabilitation of the disabled.

2. The rehabilitation consultation clinics employ physicians and other medical personnel in line with the principles in force regarding public health service institutions.

§ 10

1. The principles referred to in paragraphs 1—7 are the basis for programming the activity of the Association of Invalids Co-operatives and for working out long-term and annual draft plans. Deviations from these principles can be introduced upon permission on the part of Minister of Health and Social Welfare.

2. Long-term and annual draft plans worked out by invalids co-operatives and local associations of these co-operatives should be consulted with the following bodies before lodging them with the respective authorities:

1) departments of health and social welfare of the praesidia of district people's councils in respect of the plans worked out by invalids co-operatives;
2) departments of health and social welfare of the praesidia of voivodship people's councils in respect of the plans worked out by voivodship (regional) associations of these co-operatives;
3) the Department for Rehabilitation at the Ministry of Health and Social Welfare in respect of the plans worked out by the Association of Invalids Co-operatives.

§ 11

1. In order to examine the course of the realization of tasks in the field of rehabilitation of the disabled, the departments of health of the respective praesidia of people's councils should:

1) inspect invalids co-operatives;
2) organize meetings with the boards of invalids co-operatives and their associations in order to determine the ways of eliminating the shortcomings found;
3) collect the data and comments necessary for the assessment of the realization of tasks in the field of rehabilitation of the disabled by invalids co-operatives.

2. The plan of inspections and meetings should be consulted with the respective voivodship (regional) association of invalids co-operatives.

§ 12

The Association of Invalids Co-operatives consults the Ministry of Health and Social Welfare in respect of:

1) legal acts regulating the activity of the organizational units of the invalids co-operative movement as regards rehabilitation of the disabled;
2) guidelines for the annual and long-term plans concerning rehabilitation of the disabled;
3) investment plans as regards the expansion of the network of sanatorium and recreation centres;
4) directions of research and plans of work for the Research Institute of the Association of Invalids Co-operatives.

§ 13

The Ministry of Health and Social Welfare assists the Association of Invalids Co-operatives in the realization of the latter's statutory tasks, particularly in:

1) hiring expert medical personnel for the organizational units of the invalids co-operative movement;
2) organizing special training for physicians and other medical personnel working in the organizational units of the invalids co-operative movement;
3) providing assistance to research institutes in the sector of health health and social welfare in solving concrete problems in the field of rehabilitation of the disabled;
4) facilitating co-operation with foreign countries in the field of rehabilitation of the disabled through:
    a) promoting the participation of the invalids co-operative movement in international organizations of/for the disabled);
    b) affording possibilities for the training of experts in rehabilitation of the disabled in special centres abroad;
    c) assistance in importing the equipment that facilitates the work and rehabilitation of the disabled from abroad;
5) supplying the clinics run by invalids co-operatives and their associations with medical equipment.

§ 14

This Ordinance shall come into force on the day of issue.

In consultation with:

Minister of Health and Social Welfare: J. Kostrzewski
for the Council of the Association of Invalids Co-operatives:
A. Futro, K. Zakrzewski.

GUIDELINES
OF
THE MINISTER OF HEALTH AND SOCIAL WELFARE
OF DECEMBER 24, 1971

on the development of medical rehabilitation in mental clinics and hospitals of the Health Service

In connection with the enactment of the Minister of Health and Social Welfare of September 25, 1967, on medical and vocational rehabilitation of patients in mental clinics and hospitals (Dz.Urz. No. 23—24, item 98), Order No. 65/67 of the Minister of Health of December 4, 1957, on model organizational rules of voivodship mental consulting clinics (Dz.Urz. MZ No. 23, item 125), Order No. 35/65 of the Minister of Health and Social Welfare of September 1, 1965, on the activity of mental clinics and hospitals on the basis of home care (Dz.Urz. No. 18, item 110) and following the guidelines of the Minister of Health and Social Welfare of August 9, 1971, on the implementation of the programme of medical rehabilitation development of the Ministry of Health and Social Welfare, the following guidelines are set forth as regards the principles and forms of the development of medical rehabilitation within th eframework of the health care of mental patients.

§ 1

1. In accordance with the principles of up-to-date mental care, medical rehabilitation is an integral part of therapeutic programme consisting in an activity aimed at the activation of the patient and at his preparation for life in the society;
2. The tasks of medical rehabilitation in respect of mental patients comprise:
   - — sociotherapy;
   - — psychotherapy;
   - — occupational therapy;
   - — kinesitherapy;
   - — physical therapy;
   - — labour therapy;
   - — psychological and social counselling;
   - — home care according to Order No. 35/65;
3. The implementation of the programme of rehabilitation of mental patients comprises the activity of the following specialists:
   - — physicians;
   - — nurses;

- occupational therapists;
- therapeutic exercise instructors;
- technicians physiotherapists;
- social workers;
- instructors for culture and education.

§ 2

The services rendered by the units of the Health Service to mental patients include:

1. rehabilitation procedure within the framework of the in-patient service:
   - mental hospitals;
   - mental sanatoria;
   - children's mental sanatoria.
2. rehabilitation procedure within the framework of the out-patient service conducted by voivodship mental consulting clinics, and also, if possible, by municipal, district and local mental consulting clinics.
3. rehabilitation procedure within the framework of experimental forms of mental care, e. g. out-patient wards for daily care.

§ 3

1. The tasks referred to under § 1, item 2, as regards the activity of the in-patient health service are to be fulfilled by:
   1) special rooms for medical rehabilitation in:
      - sociotherapy;
      - psychotherapy;
      - occupational therapy; on the level of wards.
   2) special general purpose rooms, laboratories and rehabilitation facilities as regards:
      - sociotherapy;
      - psychotherapy;
      - occupational therapy;
      - physical therapy;
      - physical training;
      - psychological counselling;
      - social counselling; on the hospital level.
   3) occupational therapy hospital workshops for:
      - occupational therapy;
      - labour therapy;
   4) special auxiliary forms for labour therapy at specially selected work stands.
2. In addition to the tasks referred to under item 1), mental hospitals organize and run the so-called home care as a specific

form of rehabilitation particularly in respect of patients in the countryside.

§ 4

The tasks referred to under § 1., item 2, as regards the activity of the out-patient health service are fulfilled by:

1) wards (units) for rehabilitation and labour therapy of voivodship mental consulting centres in respect of:
   - sociotherapy;
   - psychotherapy;
   - occupational therapy;
   - psychological counselling;
   - social counselling;
   - applications and expertises concerning disability questions of mental patients;
   - applications and supervision in respect of employment of mental patients;
   - referral of mental patients to the sheltered workshops run by the Association of Invalid Cooperatives;
2) district mental consulting clinics as regards the services referred to under item 1, according to the existing needs, recommendations, personnel and conditions.

§ 5

Rehabilitation procedure in respect of the activity of indirect forms of mental care includes:

- psychotherapy;
- sociotherapy;
- occupational therapy;
- kinesitherapy;
- psychological counselling;
- social counselling.

§ 6

In order to ensure the sufficient number of expert personnel to mental centres to enable the latter to carry medical rehabilitation it is necessary to:

1) better acquaint psychiatrists with the specific problems of rehabilitation in psychiatry;
2) systematically train psychiatrists and psychologists in rehabilitation on a post-graduate basis;
3) train the nurses and the other medical and paramedical personnel employed by mental service centres in rehabilitation of mental patients.

§ 7

In order to ensure the conditions to mental health service to fulfil their tasks in medical rehabilitation, it is indispensable to supply them with the equipment and rehabilitation facilities necessary in this kind of activity in consultation with the respective voivodship specialist for rehabilitation, according to the guidelines of the Psychoneurological Institute.

MINISTER
(signed)

Zakl. Graf. „Tamka”. Z. 2. Nakład 1500 egz. Ark. druk. 7,5, ark. wyd. ok. 9. Zam. 656/72. A-107. Oddano do składu w październiku 1972. Podpisano do druku w styczniu 1973 r.